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CITY OF LIVERPOOL



EDUCATION COMMITTEE

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1961

BY

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.,

Principal School Medical Officer.

CITY OF LIVERPOOL



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STAFF

Principal School Medical Officer

PROFESSOR ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.
(also Medical Officer of Health)

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D.(Obst.), R.C.O.G.

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D.P.H.

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L.R.C.P., F.R.Econ.S., A.C.I.S.,
A.C.I.I.

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JUNE PHILLIPS, M.B., Ch.B., D.P.H.

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L. C. WINSTANLEY, T.D., L.D.S.

Whole-time School Dental Officers

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(From 16.10.61).

JOHN G. BELLAMY, B.D.S.
(From 2.3.61 to 19.5.61).

BARBARA CUNNINGHAM, L.D.S.

N. KEARNEY, B.D.S., N.U.I.

ALICE J. LLOYD, L.D.S., R.F.P.S.
(From Part-time 2.11.61).

J. F. MORGAN.

W. F. WREN, B.D.S.

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J. P. BLACOE, L.D.S.
H. J. BURNS-JONES, L.D.S.
VINCENT A. CONNOR, L.D.S., R.C.S.
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F. PATTON.
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B. QUEST, L.D.S. (*Resigned 27.3.61*).
WILLIAM M. SHAW, L.D.S. (*From 3.1.61 to 30.5.61*).
L. TURNER.
NORMAN O. WATCHMAN, L.D.S.
DOREEN F. WILSON, L.D.S.

Dental Hygienist

ELIZABETH W. EVANS.

Psychologists

A. P. NEILL, B.A.
STELLA M. LEY, B.A.
P. H. SEDGWICK, M.A.

Social Workers

V. MARGARET D. FINZEL, B.A.
BRIAN P. GIBSON, B.Sc. (*From 1.10.61*).
JOYCE W. LLOYD, Soc. Sc. Cert. (*From 10.4.61*).
ANNE WALPOLE, B.A. (*From 17.7.61*).

Senior Speech Therapist

W. G. GOOD, L.C.S.T.

Speech Therapists

HILARY M. ALLEN, L.C.S.T. (*From 11.9.61*)

MAIR HUMPHREYS, L.C.S.T.

JANET M. JONES, L.C.S.T. (*From 14.8.61*).

Superintendent Physiotherapist

STANLEY RUBIN, Dipl., C.S.P.

Physiotherapists

MARGERY CLARKSON, B.Sc., Dipl. Ed., C.S.P. (*Part-time from 10.7.61*).

J. KIRKBY, M.C.S.P. (*From Whole-time to Part-time 1.12.61*).

NORMA H. LEATHWOOD, Dipl., C.S.P. (*Resigned 28.2.61*).

Senior Remedial Gymnasts

W. P. ADAMS (*Resigned 28.2.61*).

Part-time Specialist Officers

Oculists.

J. BERKSON, M.B., Ch.B., D.A., D.O.M.S. (*From 24.3.61*).

DAVID BLACK, M.B., B.Ch., B.A.O., D.O.M.S. (Also Visiting Oculist for Partially-sighted Children).

A. V. CLEMMY, M.A., B.M., B.Ch., M.R.C.S., L.R.C.P., M.M.S.A., D.O.M.S.

EDWIN H. L. COOK, M.B., Ch.B., L.R.C.P., D.O.M.S., F.R.C.S. (*From 11.5.61*).

NORMAN F. DONALDSON, M.B., B.Ch., B.A.O.

JOHN D. E. EDWARDS, M.B., Ch.B., D.O.M.S., R.C.P.S.I.

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H. BENEDICT SMITH, M.B., B.Ch., B.A.O., M.Ch.(Ophth.), D.O.M.S.

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H. G. A. ALMOND, M.R.C.S., L.R.C.P., M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

F. C. DWYER, M.B., F.R.C.S., M.Ch.(Orth).

A. G. O'MALLEY, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

G. L. SHATWELL, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

Paediatric Consultant.

PROFESSOR JOHN D. HAY, M.A., M.D., F.R.C.P., M.R.C.S., D.C.H.

Paediatric Consultant at Greenbank Boarding Special School (Spastic Unit).

R. L. J. S. DERHAM, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H.

Psychiatrists.

H. S. BRYAN, M.R.C.S., L.R.C.P.

F. HOPKINS, M.D., B.Ch., B.A.O.

HUGH F. JARVIE, B.Sc., M.D., D.P.M., D.P.H. (*From 2.10.61*).

IVAN LEVESON, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

PHILIP PINKERTON, M.B., Ch.B., D.P.M.

Aurists.

H. V. FORSTER, M.C., M.Sc., M.B., Ch.B., F.R.C.S. (*Resigned 1.4.61*).

ROBERT PRACY, M.B., B.S., F.R.C.S., L.R.C.P. (*From 1.10.61*).

I. A. TUMARKIN, M.B., Ch.B., F.R.C.S., D.L.O.

Anaesthetists.

GEORGE R. HOPPER, L.M.S.S.A.(London), F.F.A., R.C.S.

GEORGE McLOUGHLIN, M.D., Ch.B., D.P.H., M.R.C.S., L.R.C.P., F.F.A.,
R.C.S., D.A.

T. PATRICK MURRAY, L.R.C.P. & S., D.A., F.F.A., R.C.S.E.

School Nurses, Etc.

Superintendent: MISS M. SNODDON, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent: MISS W. K. POOLE, S.R.N., S.C.M., H.V.Cert.

Also:—39 Permanent Nurses.

29 Temporary Nurses.

9 Nursing Assistants.

12 Clinic Helpers (including 8 part-time).

12 Dental Attendants.

Administration

Chief Assistant: MR. A. McCALLUM.

CITY OF LIVERPOOL

EDUCATION COMMITTEE

REPORT of the PRINCIPAL SCHOOL MEDICAL OFFICER for the Year ended 31st December, 1961.

INTRODUCTION

The situation in regard to dental surgeons improved somewhat during the year and has continued to do so since the end of the year. **Staff Shortage**

The establishment of social workers at the Child Guidance Centre has been increased by the addition of the post of senior psychiatric social worker, but so far it has not been filled, there being no suitable applicant.

Of all the various approaches to health education undoubtedly that based upon an understanding of the fundamental principles involved is by far the best. In the body of the Report is an account of a course in Elementary Physiology given to the girls at the Childwall Valley High School. Similar courses are given at other schools and it is hoped that such courses will become part of the curriculum of all secondary schools. There is no reason why a beginning to such instruction should not be made in junior schools. **Health Education**

In the body of the Report there is given the results of a trial undertaken by Dr. Carmichael of selecting children for medical examination by information from teachers, nurses and parents. Since the Service today is not so necessary for the finding of gross disease but rather early evidence of departure from normal physical or mental health, it is not surprising that the system has not proved a success. There can be no doubt that even the few minutes necessary to assure a mother that her child is in good health is medical effort well expended. In fact, any advice given which will prevent ill-health is surely the best type of medical practice. **Special Investigation**

Delicate Pupils

No schools are doing more for their children than are the two for delicate pupils. Most of the children in these schools have had serious breaks in their schooling and many are still suffering from disabilities which preclude maximum effort. By the time the child's scholastic backwardness has been remedied it often coincides with his return to ordinary school and his place is taken by another, usually handicapped educationally as well as physically. Knowledge of the difficulties in educating these children leads one to agree that the prescribed 30 pupils per class is an excessive number.

Partially Deaf Pupils

During the year three partially deaf pupils were transferred to schools for delicate children. As mentioned in the Report for 1959, it was thought possible that this environment might be very suitable for such children. This trial is proving to be very successful. Two settled down in their new schools very quickly and both expressed their pleasure "at having other children to talk to them". The third, who has a marked degree of deafness and had been at the School for the Partially Deaf for eight years, at first wished to return to her former school. Although she required more attention on the part of the staff the result is now excellent, as reflected both in her scholastic progress and in her behaviour.

Assessment Clinic

During the year accommodation at the Norris Green Clinic became available for child guidance work and three sessions per week are held there. This extension has been an improvement but the Falkner Square Centre is still very overcrowded. The hostel connected to the Crown Street School for the Deaf is likely to become available for use as a clinic and the acquisition of such accommodation for child guidance purposes would be of great benefit to this work. Besides providing purely for child guidance, the centre could become an assessment clinic. Already the hearing assessment clinic adjoins these premises and by the transfer of a speech clinic, and the sessions for the assessment of epileptic children, etc., to these premises, the examination of certain handicapped children could be greatly facilitated.

Defective Vision

Since in this hospital region there is a lack of provision for orthoptic treatment, the Authority have inaugurated two special clinics to deal with cases of strabismus. These clinics are conducted weekly by Mr. Berkson and Mr. Cook, both of whom have appointments at local hospitals where there is provision for orthoptic treatment. Arrangements have been made for a nurse to not only be present at the sessions with

the surgeons, but to take independent sessions to supervise treatment prescribed. Whereas this arrangement is short of the ideal, it is a considerable improvement.

Although in recent years attention has been directed to the improvement in the general physical condition of the children, there is evidence that many may still be below their optimum. In a survey of the heights and weights of only children compared with children of the same age and sex in the same schools and from families of three or more children, without exception the only children are at an advantage. It would appear that the economic factor is responsible. The most costly items of diet are the first class proteins which are essential for growth. When economy in foodstuffs is necessary, the cheaper carbohydrates are likely to be used in place of proteins.

I wish to thank all members of my School Health Staff for the hard work and loyal service they have given during the year. In particular I appreciate the great help given to me by my Deputy Principal School Medical Officer, Dr. G. S. Robertson, who is responsible for the day to day administration of this work. I would also like, on this occasion, to record my thanks to the Head Teachers and all the teaching staff who facilitate the work of the School Health Service and who also play a not inconsiderable part in the daily work of the schools in helping us to achieve a higher standard of healthy living in our school population. We have now reached a stage where we appreciate more and more the great importance of health education in the maintenance of good health.

I would like to thank the Chairman of the School Health Service Sub-Committee, Mrs. T. Norton, for her constant help during the year. I would like to take this opportunity of expressing my thanks to the members of the School Health Service Sub-Committee and the Education Committee for the courtesy they have shown in considering the recommendations put before them during the year.

Andrew B. Semple

Principal School Medical Officer.

GENERAL CONDITION

In the table relating to the children's physical condition only 448 out of a total of 46,404 examined were considered unsatisfactory, giving a percentage of 0·97 as compared with 1·4 for the previous year. Whereas these figures would seem to reflect a general satisfactory situation there are many individual children who are undoubtedly below their optimum. As far as total calories are concerned, the dietary situation is relatively satisfactory; it is in regard to quality that there is cause for concern.

Dr. Bladon in her report states :—

“Unsuitable diet, largely attributed to food fads, ‘I always buy him a cake for his dinner; he won’t eat anything else’, is becoming increasingly common. ‘She has never eaten anything else but biscuits, she just screams when I give her anything else’.”

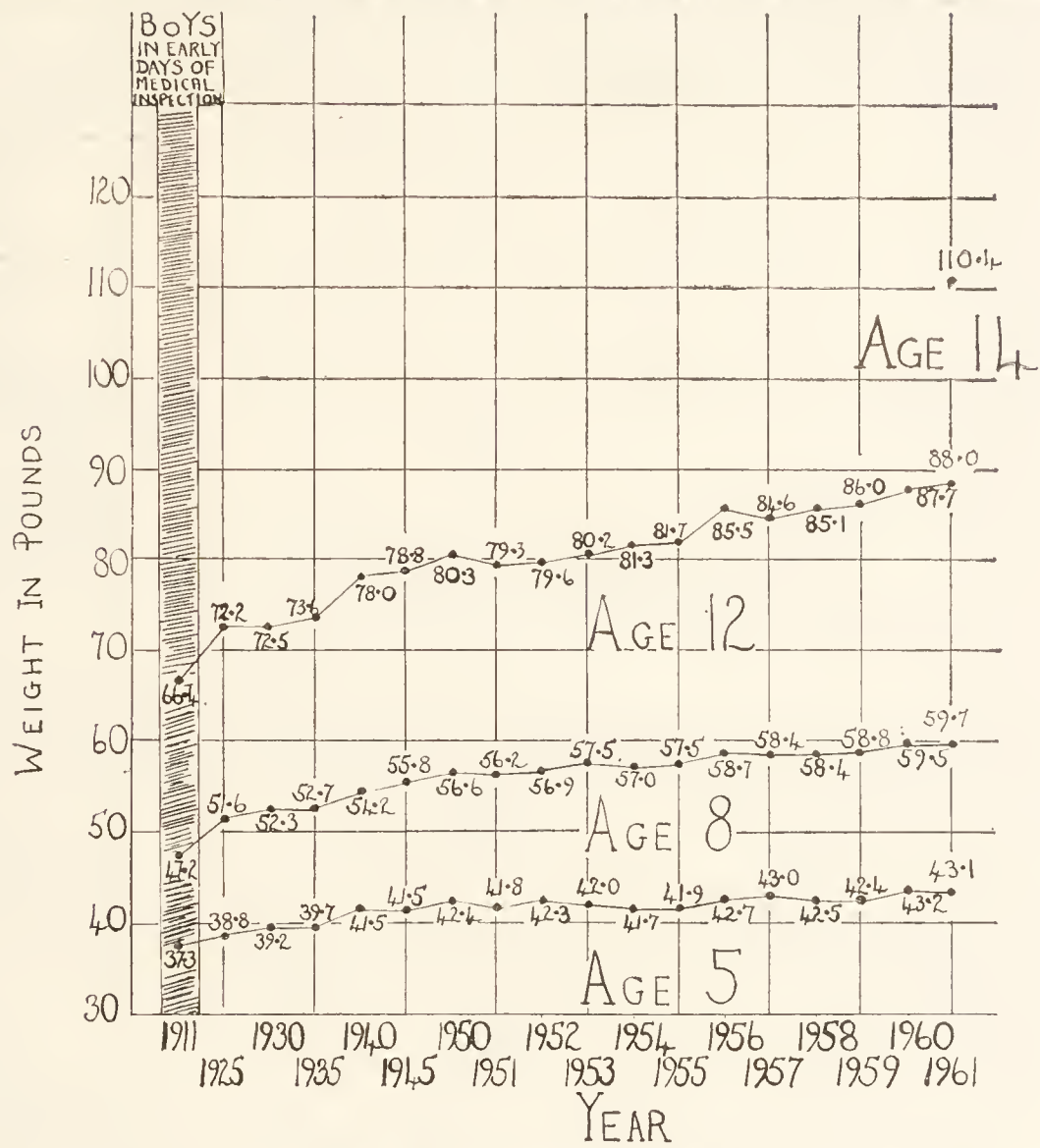
In this connection there is also an economic factor in that of the foodstuffs, proteins, which are essential for satisfactory growth, are the most costly items of diet.

The question of overweight is still a matter of concern. Dr. Taylor states:—

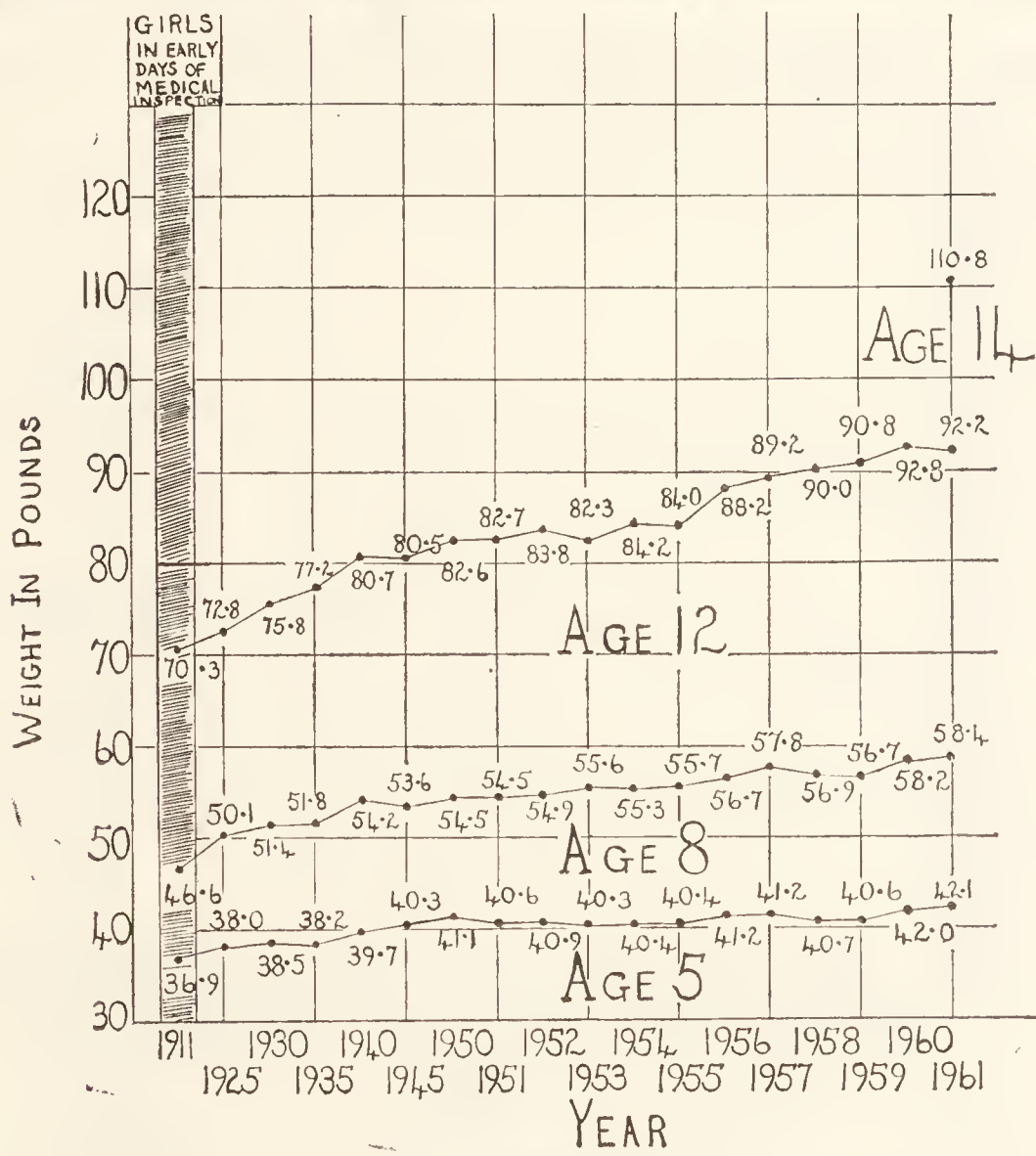
“The schools I visit are in what is generally considered to be one of the better areas of Liverpool. The health of the children I have seen remains good on the whole though, in common with other observers, I have noticed an increasing tendency to obesity in school children and 1·47 per cent of all the children seen by me at periodic school medical examinations during the year were fairly markedly overweight.”

One of the school nurses in her report speculates upon the influence of advertising on television which, as far as foodstuffs are concerned, mainly advertises carbohydrate foods.

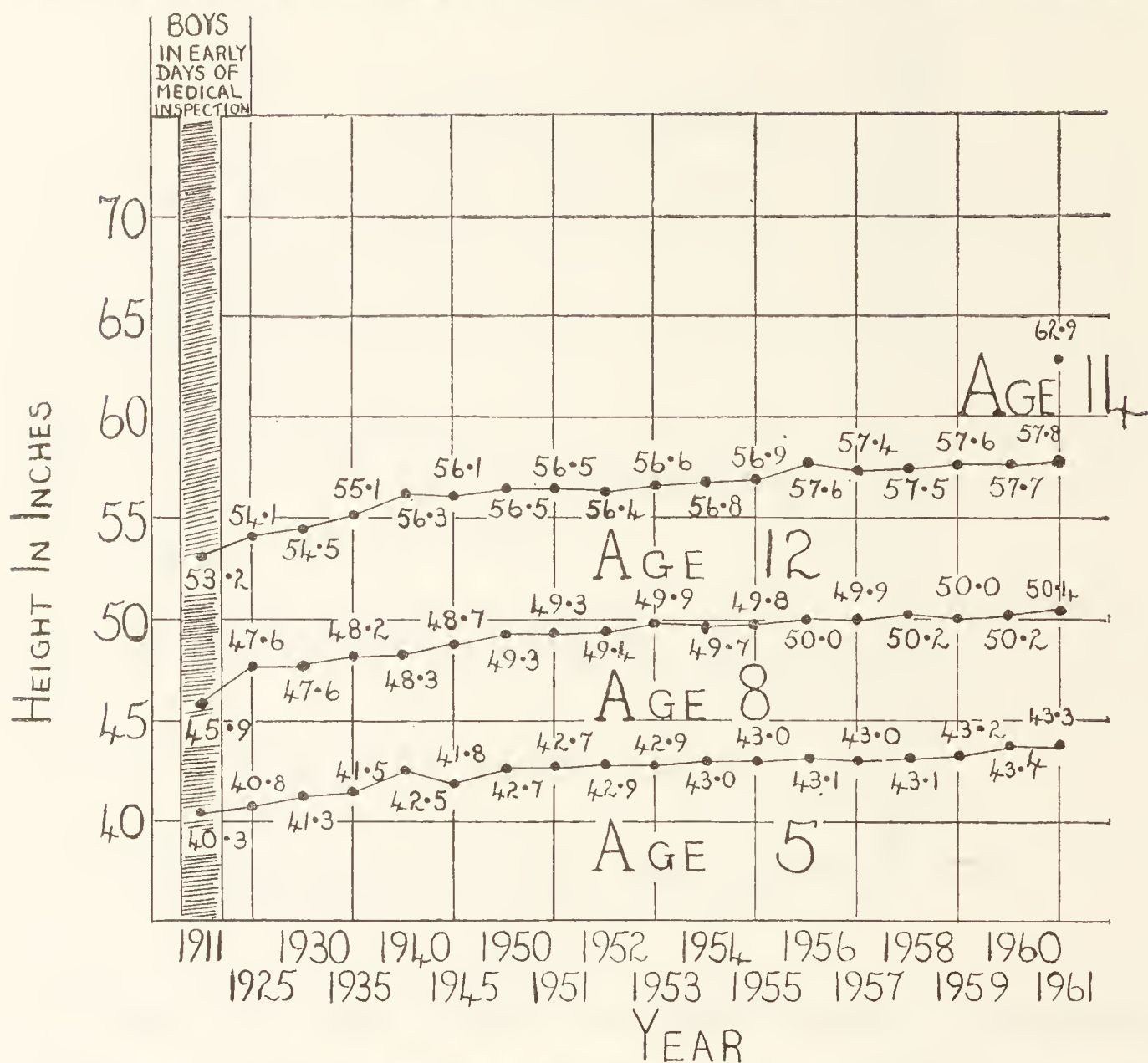
Comparative Average WEIGHTS of BOYS, Ages 5, 8, 12 and 14.



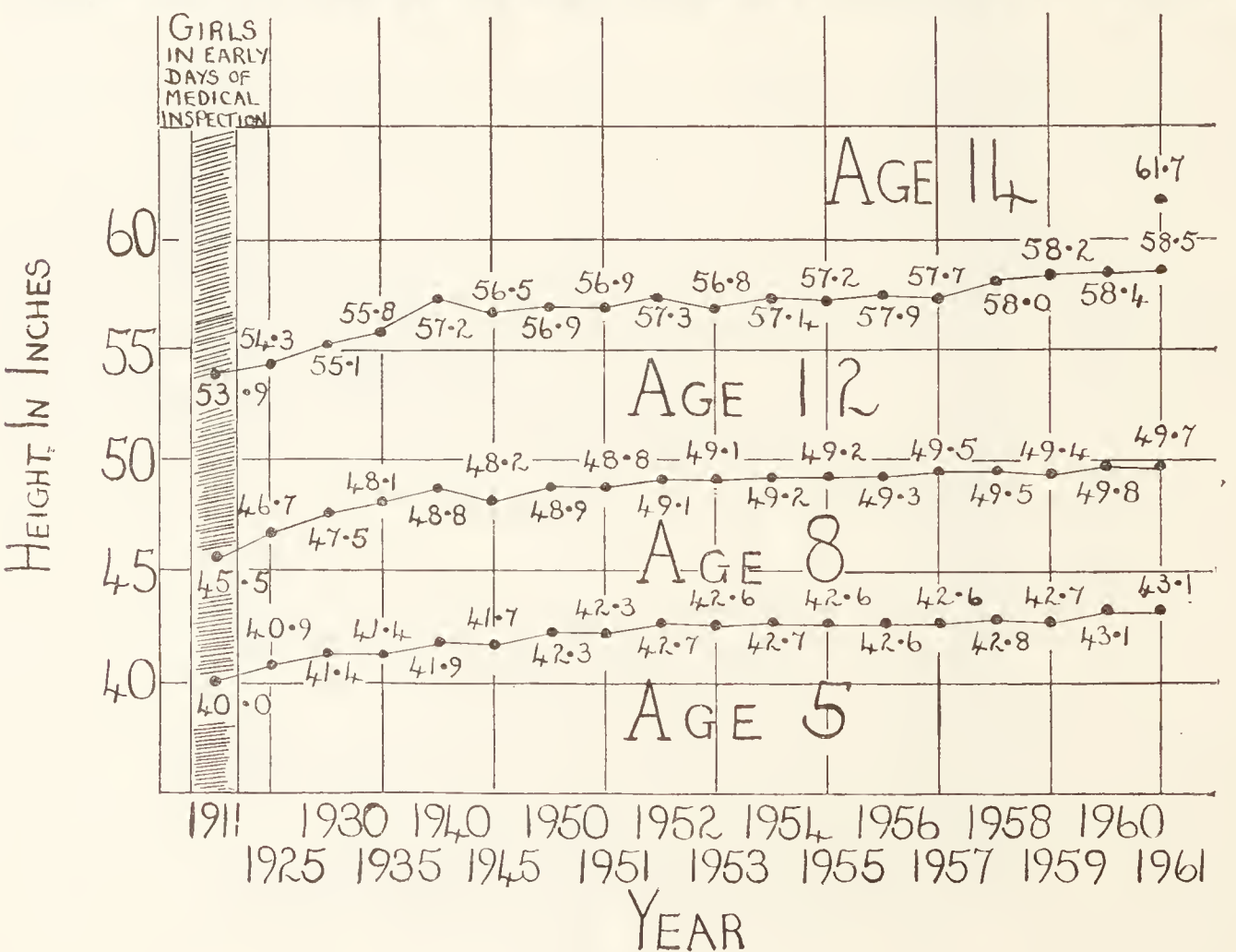
Comparative Average WEIGHTS of GIRLS, Ages 5, 8, 12 and 14.



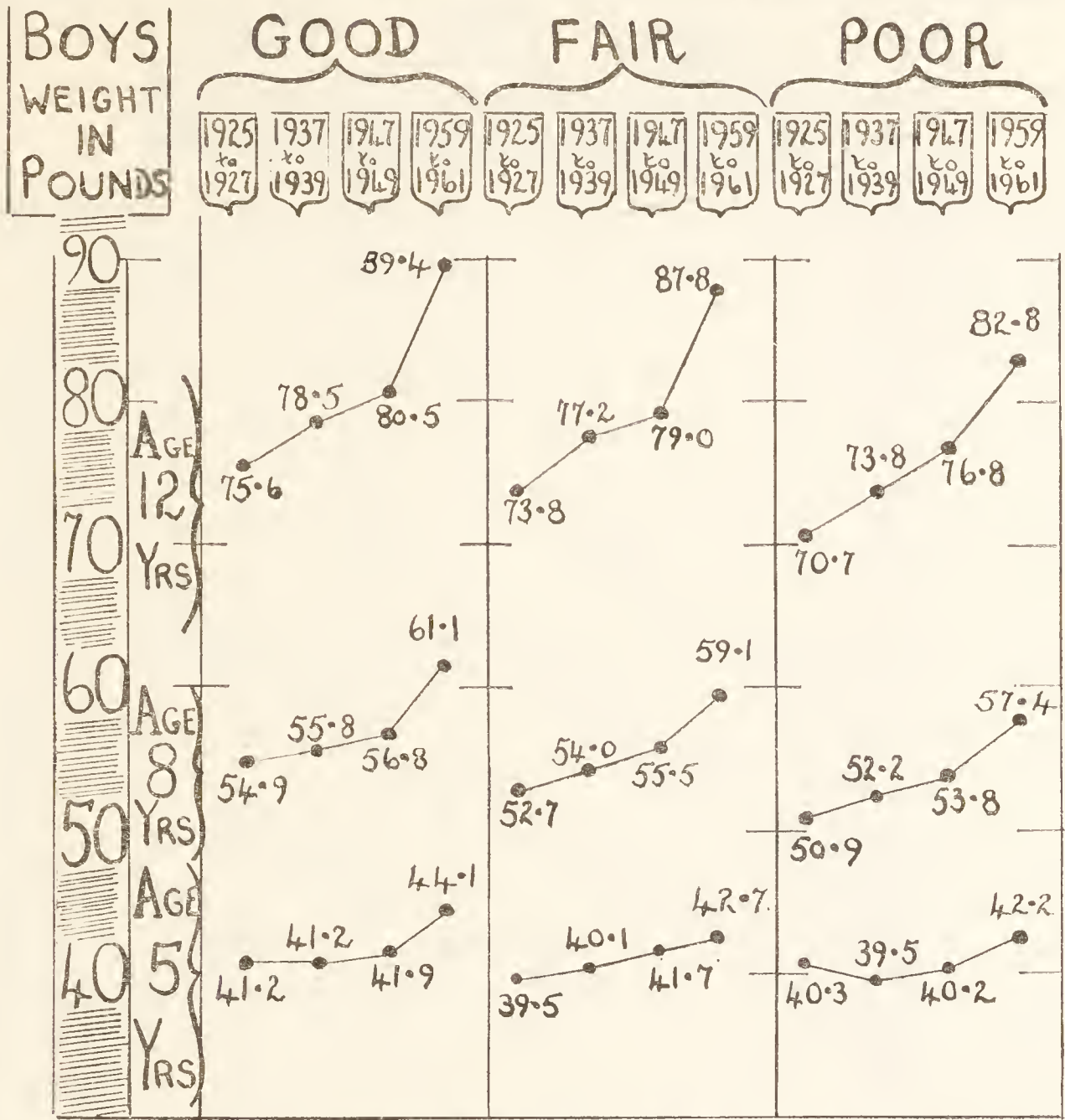
Comparative Average HEIGHTS of BOYS, Ages 5, 8, 12 and 14.



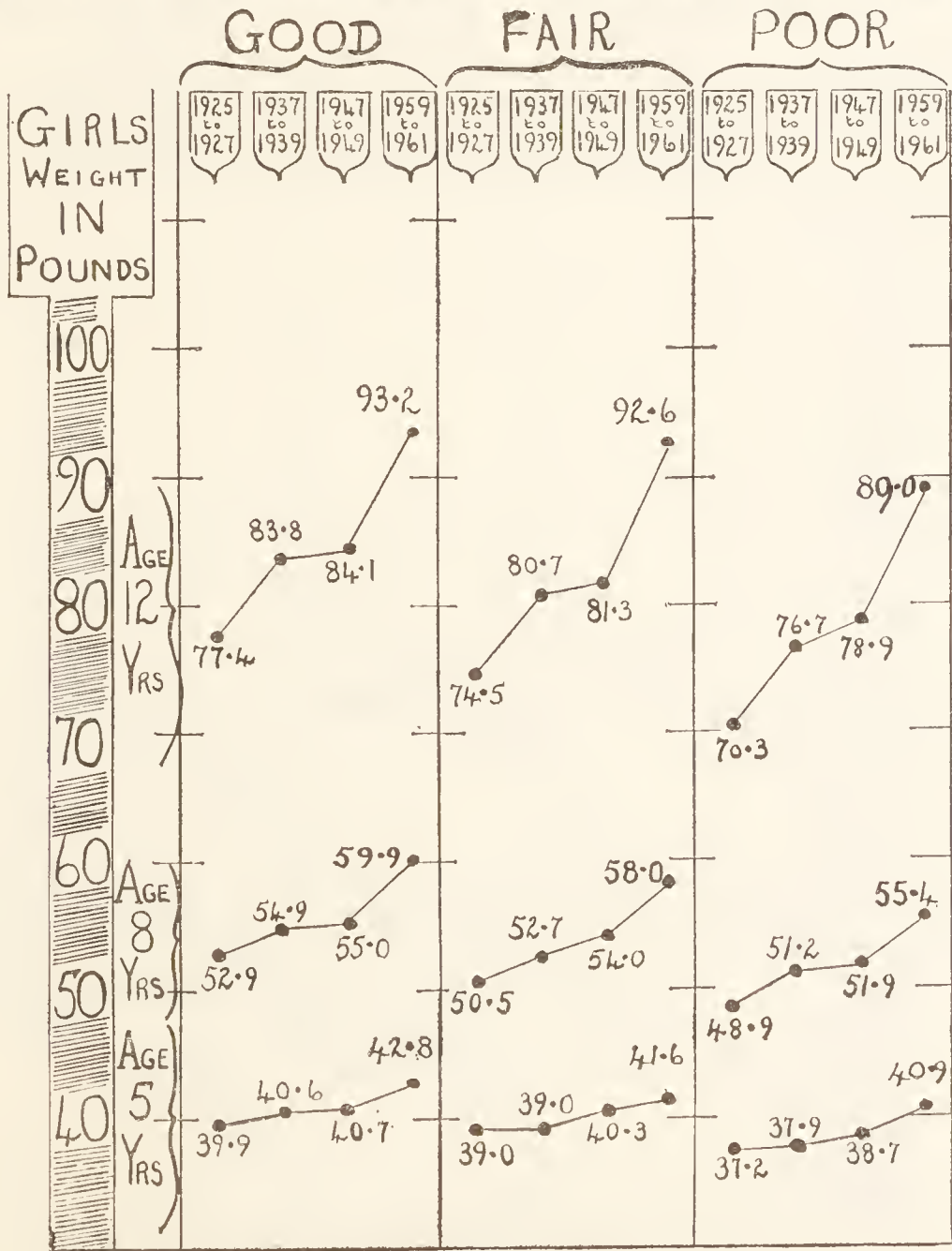
Comparative Average HEIGHTS of GIRLS, Ages 5, 8, 12 and 14.



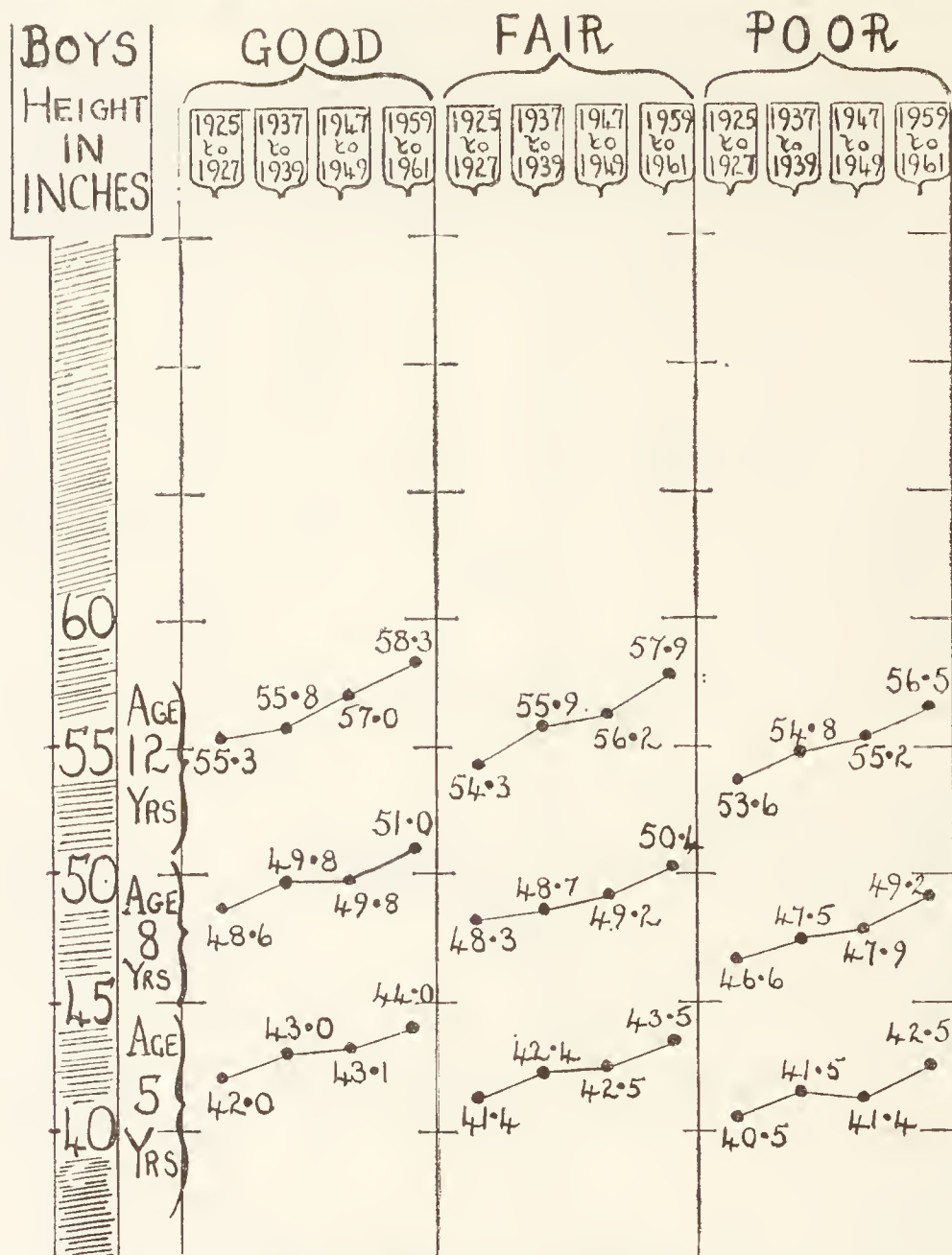
Comparative Average WEIGHTS of BOYS in four 3-year periods.



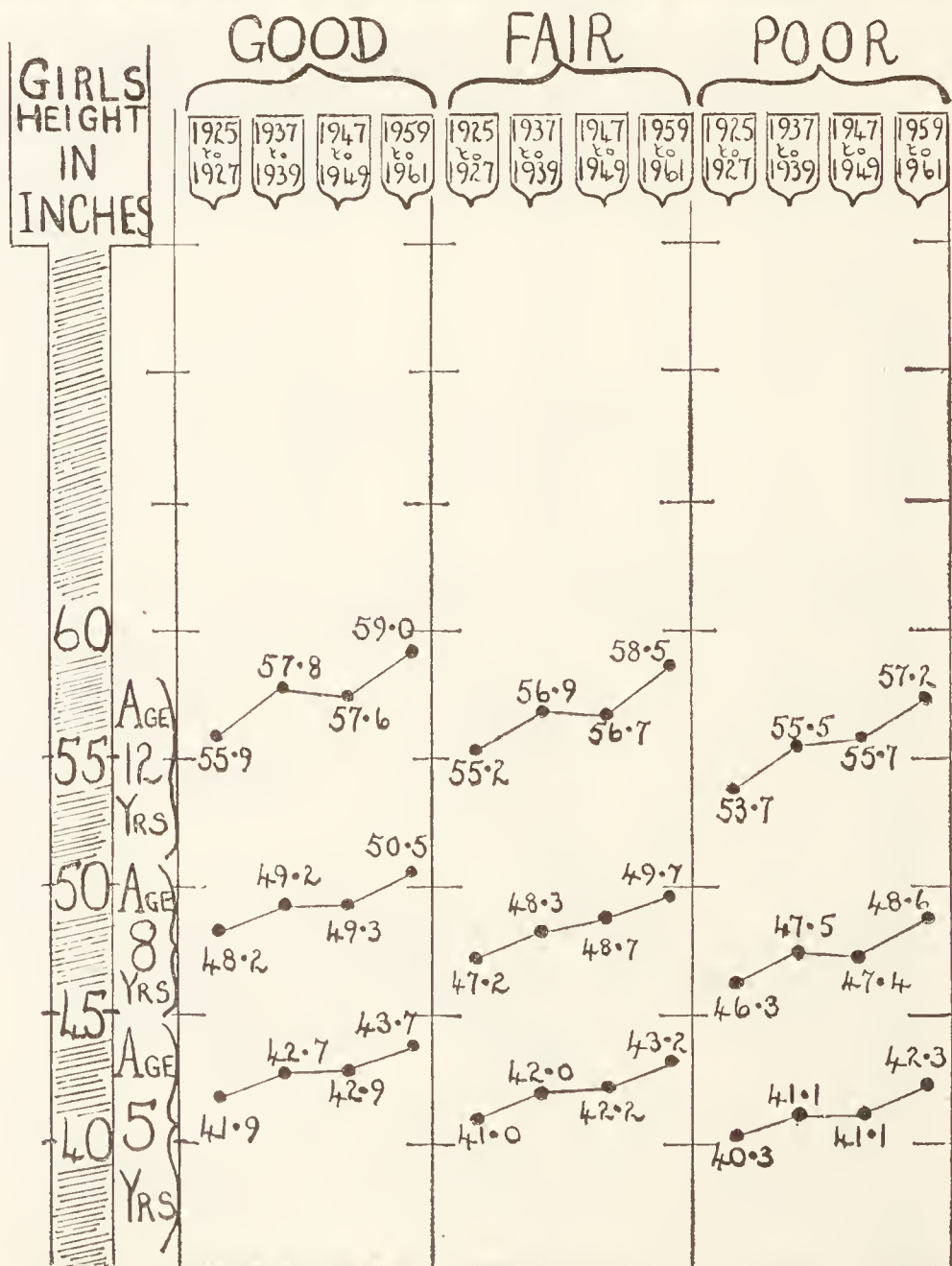
Comparative Average WEIGHTS of GIRLS in four 3-year periods.



Comparative Average HEIGHTS of BOYS in four 3-year periods.



Comparative Average HEIGHTS of GIRLS in four 3-year periods.



REPORT ON AN ENQUIRY INTO THE VALUE OF MEDICAL EXAMINATIONS OF SELECTED GROUPS OF CHILDREN

Dr. Jean O. R. Carmichael has carried out an investigation to compare the results of selective examination of school children with the more usual periodic examination of all the children in a certain age group.

After commenting upon the relatively small number of children included in the investigation and the lack of advice from a statistician, the report reads :—

“The range of relevant facts, though very limited, is not negligible; moreover, even without the aid of a statistician, the information collected lends itself in appreciable degree to interpretation by simple common-sense.

“It is obvious that nothing could give more complete information than continual wholesale examination, but there is a limit to the power of the doctors to accomplish this and when this limit is reached the skill, patience and endurance of the doctors begin to suffer and the efficiency of the examination correspondingly falls. That is why it becomes necessary to experiment with selective examination. The task becomes that of finding an optimum scale of examination, which is to say one that best serves the interests of the children. Much experimentation and much experience will be necessary to discover this, and the present enquiry may be regarded merely as a first step.

“The lines along which the enquiry was conducted was that first a number of children were selected for examination and the medical findings recorded. Then the remainder were examined so that the two groups constituted a wholesale examination. It was then possible to see :—

- “(a) In how many cases of unselected children significant defect or disease was found, which is another way of saying in how many cases disease or defect had been overlooked by selection.
- “(b) In how many cases of selected children no disease or defect of significance was found, which is another way of saying in how many cases of selected children examination proved to have been unnecessary.

“It is obvious that group (a) was much the more important from the standpoint of the interests of the children and this standpoint is, and should be, uppermost in our minds.

“To carry out the investigation on these lines two sets of criteria were necessary. One was a set of criteria to determine the grounds on which a child should be selected for examination. The other was to define what was to be regarded as ‘significant defect or disease’.

“It will be simplest to deal with the second one first. The determining of what defect or disease was ‘significant’ was guided by the following principle. If the defect or disease was such as required me to take some positive action about it, then I deem it ‘significant’. That positive action might take more than one form. It might entail reference to a specialist, or again reference to the family doctor. Again it might entail ear-marking the child for observation. Yet again it might entail consultation in the child’s interest with schoolteachers, or it might entail no more than the need for a short chat with the parent. All these possibilities were in my mind in judging the medical findings to be ‘significant’.

“As to the first set of criteria (the grounds on which a child was selected for examination) we obtained information about the child from four sources :—

- “1. From my school medical records I chose cases in which I felt it desirable, in view of certain previously known defects, to follow-up the question of health with an interview with the mother.
- “2. A questionnaire was sent out to and filled in by all parents. For this we used a questionnaire based on that of Barasi and Cartwright as published in the ‘Medical Officer’. It is true that it was open to certain criticisms, one being that it was so full as to duplicate information, at times, already in our possession in medical records. Without going into detail one can say, too, that it created difficulties for many parents because of its complexity. Again, questions of the form ‘Have you *ever* had’ such and such a complaint left a doubt as to whether the complaint had subsequently been dealt with and perhaps completely cured. However, on the whole, the questionnaire provided substantial and useful information.
- “3. Reports were obtained from schoolteachers, drawing our attention to anything that seemed to them amiss with the child.
- “4. School nurses, able to look at the children with a professional eye, submitted notes of defects they had observed. Defective vision

was not included in our survey, because every year vision is tested by the nurses and cannot be overlooked.

“From all this information we abstracted a single criterion for selection, namely, that any observation at all (with, of course, the exception of vision) which, from any of these sources, pointed to ill-health, would cause us to ear-mark the child for examination.

“We have only included in our results those children concerning whom *all* the sources of information detailed above were exhausted. The total number of children examined was 249, of whom 16 presented themselves without the questionnaire completed. These 16 are, therefore, not included in our results, but it is perhaps worth a passing notice that such a proportion might be expected to fail with a questionnaire. Thus the number of children referred to in our survey was 233.

“The main concern was to find out whether selective examination was likely to overlook a significant proportion of illness. It is with this orientation that the analysis is made.

“The most important group we listed is that in which significant defect or disease was found in unselected children. The total number of unselected children was 117. Of these, 26 were found on examination to have significant defect or disease. A further important point arises here. There were a number of children who, though selected, were found on examination to have a defect or disease which was not envisaged at the selection and was not the ground for selection. On the one hand, it could be said that these children were selected and, therefore, were not overlooked but, on the other hand, it seems more just to recall that a defect or disease from which they suffered was in fact overlooked in selecting them. Thus, in point of this particular defect, or disease, they had been overlooked by selection. They comprise a special category which, while it does not condemn selection, yet shows it to have been imperfect. The number of children falling into this class was 21.

“The next group to be listed consists of those children of whom we might say that they were unnecessarily selected. In these cases, though grounds for selection had been found, nothing significant was discovered clinically. The number was surprisingly large, namely 61.

“A further group consists of those of whom we can say that they were properly selected. This means that the defect or disease found on

examination was, in fact, the sole ground of their selection, and in truth deemed significant. The number in this class was 34.

“The last group was formed of those who were properly unselected, that is to say, who were regarded on selection as free from defect or disease and found on examination to be so. The number in this group was 91.

“The figures may be tabulated thus:—

Improperly unselected...	...	26	Unnecessarily selected...	...	61
Properly unselected	...	91	Imperfectly selected	...	21
			Properly selected	...	34

“With regard to the interpretation of these figures, we must remember that ‘selection’ and ‘non-selection’ are equally tests of judgment in reference to the health of the children. From the standpoint purely of the child’s interests we might say that the cases where judgment was wholly at fault were the 26 improperly unselected children. But from a neutral standpoint judgment was equally faulty in the case of the 61 unnecessarily selected children. Thus we must say that selection entailed a wholly faulty judgment in no less than 87 cases.

“When we come to cases where the judgment was wholly correct, we cannot include the 21 imperfectly selected cases. We are left, therefore, with the properly unselected and properly selected cases, totalling only 125—not a very impressive figure out of 233.

“Clearly we are called upon to try to explain why this rather unfavourable picture of selective examination should have appeared.

“First, as to the 26 improperly unselected children, here we might get the impression of children whose health was being prejudiced by the non-discovery of illness. Quite apart from the presence of the family doctor in the background, much of the illness in this group would be brought to light by the practice, which is likely to spread, of increased contact between the medical officer and the school.

“As regards the 61 unnecessarily selected children, the appearance of quite a number before the doctor was inevitable from the nature of the questionnaire. It will be recalled that any adverse observation whatever was taken as a ground for selection, and it has to be admitted that many such observations by a parent would turn out to be without substance. Then again, there was the group in which the mention of past illness

served to bring the child for examination, when it was found that the trouble had already been dealt with and cured.

“Though these considerations go some way towards explaining the figures, it cannot be said that they amount to a vindication of the selective system of examination as revealed in this particular enquiry.”

SCHOOL MEALS SERVICE

Number of Meals

The total number of dinners supplied from the kitchens during the 52 weeks ended 9th December, 1961, was 9,757,736 (children 8,847,510; adults 910,226), an increase of 36,057 over the previous year.

The number of dinners supplied to pupils in maintained primary, secondary, day special and nursery schools on a day selected between the 18th and 29th September, 1961, was as follows :—

Number of children present in the schools on the day selected	...	...	122,134
Number of pupils provided with dinners ...	...	...	46,392
Percentage of pupils who were supplied with dinners	...	...	37·98 %

Of the meals supplied to pupils, some 47 per cent were prepared and served in combined kitchen/dining rooms. The remaining 53 per cent of such meals were supplied from exporting kitchens.

The daily average number of dinners supplied to the following establishments during a four-week period ending 9th December, 1961, was as follows:—

Further Education Establishments...	...	...	...	...	...	365
Direct Grant Schools	...	...	...	...	...	772
Nurseries administered by the Medical Officer of Health	...	...	...	...	...	571
Training Centres administered by the Medical Officer of Health	...	...	...	...	...	275
Adults—Canteen, Kitchen and Teaching Staffs	...	...	...	...	...	5,253
						<hr/> 7,236 <hr/>

Charge for School Dinners

A charge of 1s. continued to be made for school dinners in accordance with Ministry of Education Circular 321, of February, 1957, except for pupils attending Day Special Schools, who paid 6d. a meal.

Provision of Free Meals

At the end of the summer term 1961, the number of children authorised to obtain dinners free of charge was 10,343, compared with 12,749 at the corresponding time last year.

School Milk

Milk is provided free of charge to all pupils in schools. The normal quantity supplied is one-third pint but delicate children attending Special Schools receive two-thirds pint daily.

The number of pupils taking milk in Primary, Secondary, Day Special and Nursery Schools on a single day between 18th September and 29th September, 1961, was as follows :—

Number of pupils taking Milk	...	...	...	...	...	...	114,043
Percentage of pupils present supplied with milk	...	...	...	...	...	...	92·9%

Miss R. Heald, the Chief School Meals Organiser, reports :—

“All menus must be ‘balanced’, i.e., have a proportion of soft and chewey foods. They must achieve the nutritional standard laid down by the Ministry of Education. The meals contain 20 grms. of protein and 30 grms. of fat.

“The protein content is achieved by the use of meat, or its alternatives, plus dried milk incorporated in mashed potatoes and in custard, which is of a very pleasant creamy consistency. The fat content is achieved by the use of margarine in pastry, puddings and biscuits, and dripping or cooking fat for roast potatoes, chips and fried fish.

“The menus are planned in cycles of four weeks (20 days) so as to make full use of the variety of foodstuffs available : meat, fish, cheese, ham, liver, sausage, heart, tinned meat and fish.

“Winter and summer menus differ, the winter menus having emphasis on hot puddings and the summer menus showing a preference for salads, cold sweets, jellies, etc., for the really hot days.

“All food is freshly cooked on the day it is to be eaten: there is no pre-cooking. Left-over food is never used up the following day : any extra food is served as second (or even third) helpings to the children: any left after that goes into the swill.”

DEFECTIVE VISION

At the periodic medical examinations the total number of children found with defective vision, apart from cases of squint, was 6,482. Of this number, 4,103 required treatment which represented 8·84 per cent of the total number of children inspected.

There was a total of 2,538 cases of squint recorded during the periodic inspections.

Of 454 referrals by the school medical officers to the eye specialists as suspected new squint cases, 332 were confirmed. In addition, 256 new pre-school squint cases were referred, of whom 103 were confirmed.

EAR, NOSE AND THROAT CONDITIONS

Assessment Clinics

The arrangements for the ascertainment of defective hearing amongst the eight-year-old children were carried out as previously described.

Of the 6,547 children tested by audiometer in school, 279 were considered to have a defect in hearing. When these cases were investigated at the assessment clinics only 12 were diagnosed as normal. The most frequent causes of the deafness were: wax, eustachian catarrh, and suppurative otitis media. There were seven cases of nerve deafness. The more severe cases of deafness were already known.

Crown Street Assessment Clinic

This clinic was established to deal with very young children who were thought to have defective hearing. It is, of course, vital that deafness be discovered as early as possible so that residual hearing may be retained and stimulated, if necessary, by the use of hearing aids. During the year 85 children were seen at this clinic with the following results:—

Normal hearing	...	...	60
Partially deaf...	...	...	18
Deaf	...	...	7
			—
			85
			—

The ages of the children found to be deaf or partially deaf on examination are shown in the following table:—

Age	Deaf	Partially Deaf	Total
Under 6 months ...	1	1	2
6 months to 1 year	1	—	1
1 to 2 years... ...	3	6	9
2 to 4 years... ...	2	8	10
4 to 5 years... ...	—	2	2
5 to 6 years... ...	—	1	1
			—
			7
			18
			25
			—

In 1960 only 62 children were seen of whom 54 per cent had normal hearing. In the year under review, 85 were seen of whom 70 per cent were normal. An encouraging fact is the increase in the number of children referred for test under the age of six months, from two in 1960, to nine in 1961.

Hearing Clinics

During the year under review the arrangements continued for three of the medical officers who are particularly interested in aural work to hold "hearing" clinics. At these sessions children with known hearing defects are kept under close review from the educational as well as the medical point of view. Those children who are failing to make satisfactory progress because of their hearing defect are found and suitable provision made for them. During 1961, 662 visits were made by children to these clinics, which are held at six centres throughout the City.

Ear, Nose and Throat Clinics

891 children were referred to the E.N.T. clinics for an opinion regarding possible disease of tonsils or adenoids. Operation was advised in 172 cases.

HEART CLINIC

The Heart Clinic was held weekly during term-time throughout the year either by Professor J. D. Hay or his deputy, Dr. Olive Scott, the Consultant Paediatrician at the Royal Liverpool Children's Hospital. The services of Dr. Scott are unfortunately no longer available as she now resides in Leeds and has resigned her appointment at the Children's Hospital. Her experienced help has been much appreciated during the past few years and will be missed in the future. It is hoped that her successor at the Children's Hospital, Dr. Elton Goldblatt, will, in future, deputise for Professor Hay when necessary.

Professor Hay and Dr. Joan Bushby (née Owen) are continuing their review of heart disease and functional murmurs in the school children.

It is now considered that all the children with a congenital heart lesion already in school are known to us. Consequently new cases each year are confined to school entrants. This year, among 10,251 entrants there were 19 affected children, in 14 of whom the lesion had already been

diagnosed at the Royal Liverpool Children's Hospital or Alder Hey Children's Hospital. In addition, there were six children who had had surgical treatment for a cardiac malformation—a total of 25 cases, or 2·4 per 1,000. This is in keeping with an expected incidence of 2 per 1,000.

Now that the majority of the school children with known congenital heart lesions have been referred to the Royal Liverpool Children's Hospital for regular supervision, investigation and treatment, most of the consultations in the Heart Clinic are concerning doubtful functional murmurs. This was the main reason for setting up the clinic in the first place, and in establishing that in the majority of children with such doubtful murmurs, the murmur is functional, the heart normal and the child capable of living a normal life with full activity, the clinic is providing a service of great value.

The following table shows the number of cases dealt with since the clinic opened in September, 1951:—

TABLE I

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total
No. of New Cases ...	54	151	101	113	115	83	101	95	71	87	78	1,049
No. Re-examined ...	4	66	124	57	46	41	34	23	32	25	13	465
No. Referred to Hospital	29	102	85	92	72	46	64	59	36	45	32	662
No Surgically Treated	—	7	5	6	11	4	4	4	4	2	7	54

DENTAL

Mr. L. C. Winstanley, the Principal School Dental Officer, reports:—
“Treatment in the dental clinics has followed a similar pattern to previous years and fortunately it is possible to report a small increase in the number of dental officers employed. There is still a long way to go in recruitment before there is an adequate staff, but it would appear that there is an indication of a renewed interest in school dental work by new graduates.

“Modernisation of the older clinics has continued throughout the year and the dental officers appreciate the improved lighting and more modern furnishing in the clinics. At long last we have been able to move from the inadequate temporary clinic at Speke to a very modern and highly satisfactory dental centre in a new building. This is the first clinic to be built since 1938 and has every facility for dental treatment, including X-ray, dark room and workshop.

“Since it is appreciated that new buildings are expensive and land is not always available, it might be worthwhile to consider the purchase of a mobile caravan at some future date. Not only would this be useful in new housing areas and as a supplement to some of our existing clinics, but would also be very useful in giving treatment at some of our residential Special Schools.

“Once again an increase in the number of children examined can be reported. Unfortunately, it still is not possible to examine every child once a year and this is the minimum to be aimed at. Only by regular inspection can any impact be made on the ever-growing problem of dental decay.

“The help given by head teachers and their staffs is greatly appreciated. Once again we must express our thanks to Alder Hey Children’s Hospital and the Liverpool Dental Hospital for their very ready help in cases not suited to clinic treatment.

“Preventive dentistry in the form of dental health propaganda and orthodontic treatment is an important part of the school dental service. Despite all efforts there is still far too much indiscriminate eating of sweet stuff by school children and the biscuit with the school milk does not help to reduce dental disease. At least one school has been selling apples at the mid-morning break which has helped the school funds and also benefited the children’s dentition.”

School nurses, in their reports, comment:—

“Dental caries in the entrants seem to be on the increase. The position would improve if parents could be encouraged not to let their children eat too many chocolates, sweets, biscuits and lollies.”

“In quite good families it is surprising that more care is not given to cleaning teeth. The mother may wash and change the underclothes of her children a couple of times a week and yet not insist on the use of a tooth brush regularly daily. More and more children are getting more money to spend and do what the ‘T.V.’ tells them, and buy all sorts of sweet-meats. ‘It must be good for them, it’s on the T.V.’. The sales are up at a cost of the nation’s teeth.”

Miss K. Poole, the Deputy Superintendent School Nurse, reports :—

“As a result of the nurses’ visits to defaulters, i.e. refusals and failure to return forms, it would appear that the child is the culprit; either the forms never reach the parent, or the parent, while willing for treatment, is over-ruled by the child, who refuses to attend the clinic. Parents seem willing enough to sign the consent forms but quite unwilling to insist on a child’s attendance at the clinic.

“When the dentist and attendant are known to the schools, parents, and children, and have their confidence, the problem is not too bad, but possibly lack of continuity of dental staff may be a cause of the child’s failure to obtain or continue treatment.”

Table II gives details of the number of children inspected since 1952 and Table IV at the end of the Report gives details of actual operations performed in the clinics.

TABLE II

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
No. of children examined ...	62,301	123,425	107,125	80,292	65,833	72,116	85,442	67,981	71,776	75,276
No. of permanent teeth filled ...	5,043	15,091	15,460	10,069	11,175	10,841	13,514	14,021	16,507	16,333
No. of permanent teeth extracted	7,997	11,847	9,367	7,190	7,703	7,993	9,165	7,356	6,584	5,822

ORTHOPAEDIC SCHEME

There were 724 new cases seen at the orthopaedic clinics in 1961 and 894 cases continued their attendance from the previous year.

From the orthopaedic clinics 112 cases were referred to hospitals for investigation and/or treatment.

The following table shows the nature of the work carried out under the orthopaedic scheme :—

ATTENDANCE AT CLINICS

Defect				No. of new cases seen	Total No. of attendances of all children
Infantile paralysis	...	...	...	2	26
Birth palsy	...	...	...	1	6
Cerebral palsy	...	...	...	7	61
Talipes	...	...	...	1	5
Spinal curvature	...	...	...	29	75
Torticollis	...	...	...	5	25
Flat feet and knock knees	...	...	...	334	1,563
Bow legs...	...	...	...	10	27
Other deformities	...	...	...	52	190
Other defects	...	...	...	130	419
No defect found	...	...	...	153	153
				724	2,550

Mr. F. C. Dwyer, one of the Orthopaedic Surgeons to the Clinics, comments. :—

“The nature of the work done in the orthopaedic clinics does not change appreciably from year to year. The main purpose of an Annual Report is to give a general picture of what is being done, to note any changes which have taken place during the year, and to indicate future plans and requirements.

“These clinics, which form an ancillary part of the School Health service, are so situated as to be reasonably accessible to most people in the City. They are comfortable, they are not crowded and patients are able to attend with much less inconvenience and loss of time than is usually the case with hospital out-patient departments. Secretarial arrangements are excellent, records are well kept and a close and harmonious liaison exists between the clinics and the hospitals. All these factors are important because in dealing with children it is essential that school medical officers should feel free to refer the most trivial of complaints and that a high attendance rate on the part of parents and patients should be encouraged. These are the important factors con-

tributing towards early recognition and treatment of postural and other deformities, the patients very often being unaware of their existence. Herein lies the great value and interest of this work. My colleagues and I are grateful for a very wholehearted co-operation at all levels of the Service.

“During the last couple of years it has been the practice of the Department to send out letters to patients’ doctors when they have been seen in clinics. This, I am sure, has been a good thing in promoting the spirit of co-operation between practitioners and clinics. The attendances and the character of the work of the clinics has not changed to any appreciable extent during the last year and there are no special requirements for the future.”

Mr. S. Rubin, the Superintendent Physiotherapist, reports:—

“During the year, resignations from the Physiotherapy staff have reduced our numbers to one full-time and two part-time members, which has caused some difficulty, particularly in staffing the Special Schools’ Clinics. However, in spite of this shortage, treatment has been given fully in all four orthopaedic clinics.

“At the clinics as much of the work is prevention of deformity, as remedial therapy to existing defects. In this way we aim to prevent disability later in life.

“The close contact we have with the orthopaedic specialists is very valuable as we can always follow our cases from their initial appearance at the clinics right through to their eventual discharge, and this makes for more intelligent work.

“The new remedial therapy room at the Sandfield Park School is now fully equipped to cater for all the disabilities found in the children attending there, and we find the environment very pleasant in which to work.

“I would like, on behalf of the physiotherapists, to thank the teaching staffs of the schools we visit for their patient co-operation in view of our unavoidable disturbances to their classes.”

MINOR AILMENTS

With the improving standard of hygiene and also the introduction of the National Health Service Act in 1948, it was anticipated that the number of children attending clinics with minor ailments would decrease. This is borne out by the fact that during 1961, 17,699 new minor ailment cases attended the clinics, the total attendance being 104,159 which represents approximately half the numbers for the year 1951.

The incidence of verruca has decreased; 795 new cases attended the clinics as compared with 866 in the previous year. Sporadic cases of scabies continue to occur, 99 new cases being discovered in the year.

HOME VISITING BY SCHOOL NURSES

Miss M. Snoddon, the Superintendent School Nurse, reports:—

“There was an increase in the number of home visits made during 1961, mainly for the ‘follow-up’ of medical defects and defective vision.

“There was also an increase in the number of no access visits which is undesirable as it is so much wasted effort.

“Home visiting and the method of approach to the parent is part of the service which is largely acquired by practice and much depends on the personal qualities and skill shown by the nurse herself.”

Experienced school health visitors find little difficulty in contacting parents on their districts, one of who reports:—

“The past year, in my opinion, has seen a gradual change in the attitude of many parents to the work of the School Health Service. Many of them have begun to realise that we are anxious to help, and not only to criticise their efforts to bring up their children. I find that, when visiting the homes, I am made more welcome than at any other time in the past, and am now invariably invited into the house when at one time I would have had to conduct my interview on the doorstep. Visiting is certainly much more pleasant under these conditions and I think the children, themselves, are benefiting by the change.”

UNCLEANLINESS AND NEGLECT

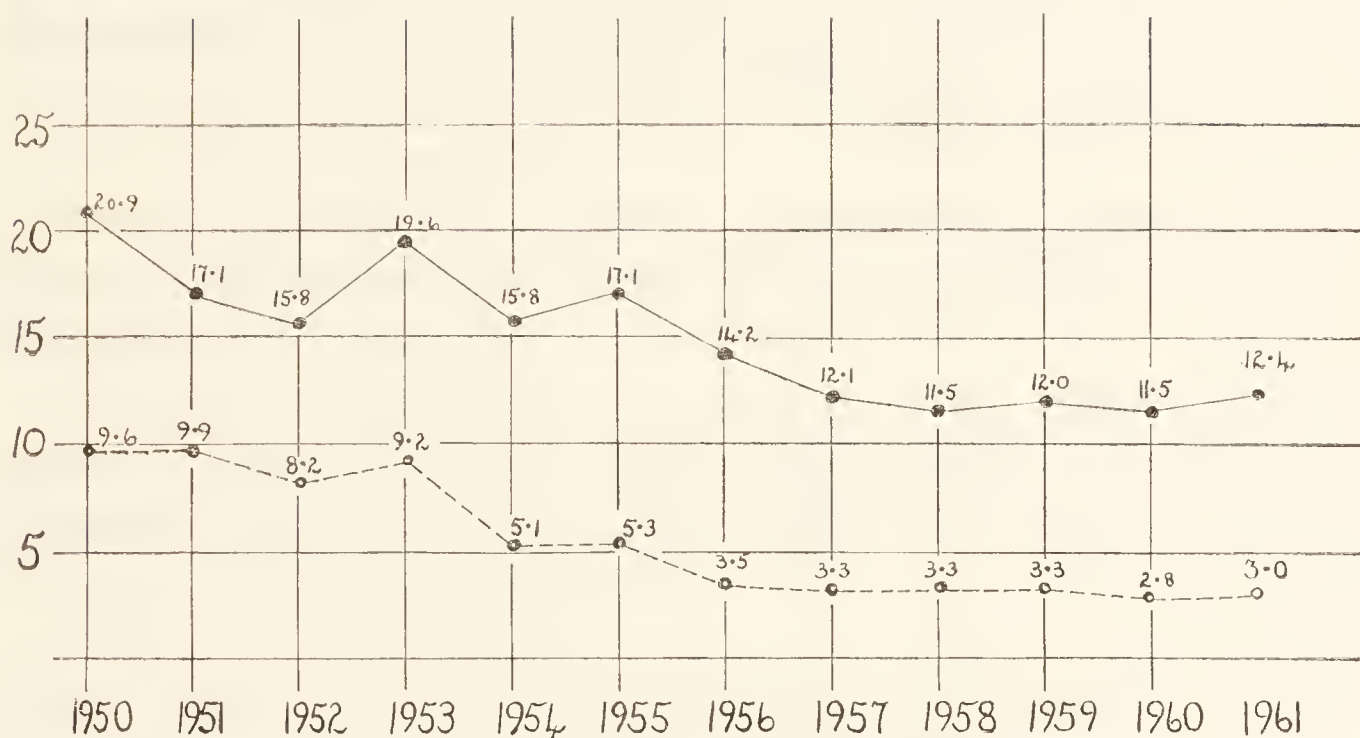
Personal Hygiene

The scheme whereby the cleanliness inspections are carried out by nursing assistants under the direction of a school health visitor continues satisfactorily.

PERCENTAGES OF UNCLEANLINESS

AT SPECIAL CLEANLINESS INSPECTIONS —●—
 AT ROUTINE MEDICAL INSPECTIONS - - -○- - -

PERCENTAGES



The health visitors made 466,600 examinations of school children with regard to cleanliness and altogether 16,171 children were found to show some evidence of verminous infestation. In the case of 3,960 children, statutory notices were served upon their parents owing to their failure to cleanse their children after previous notification, of whom 3,626 were cleansed by parents and 334 had to be compulsorily cleansed by the staff.

The total number of attendances made at the cleansing stations during the year on account of verminous conditions was 7,117.

At the routine examinations in the schools 3.03 per cent of the children were found to show evidence of infestation. The results of the health visitors' cleanliness survey shows that 12.35 per cent of the children were found, at least once during the year, to be infested.

It is disappointing to find this increase in verminous infestation, even though it is only to a slight degree. There can be no doubt that there is need for authority to enter the homes of certain of the repeatedly infested children and to compel the examination and, if necessary, treatment of the members of the family.

In her report a school medical officer states:—

“There are still many parents in the district being prosecuted for failing to keep their children's hair clean. This is sadly an indication of the number of parents who still fail to conform and co-operate in

spite of the never-failing endeavour of the nurses to advise the parents. It is noticeable also in this respect that it is not always those families where housing facilities are inadequate who are the defaulters—often the poorly clad children, who are living under appalling conditions, have a satisfactory record regarding head cleanliness.”

A school nurse reports:—

“It is becoming increasingly difficult to impress on parents that although the child only has a few nits, it is still considered a verminous condition. The words ‘infested with vermin’ seem to horrify, but do not impress them enough to merit more meticulous care of the hair.

“Where senior girls are concerned the stock phrase used by mothers is, ‘she’s old enough to look after herself’, even though this same girl has been verminous in some degree since starting school at the age of five years.

“A great deal can be achieved by advising senior girls fully and carefully in the privacy of the Medical Room, rather than talking to a class as a whole. I find they seek advice whereas they are shy to ask questions in front of other girls. Senior girls are now using hair lacquer. Although they may wash their hair every week, lacquer is applied daily so that by the weekend they are wearing a ‘helmet’ of lacquer, and the hair and scalp underneath has to be seen to be believed. I find that girls no longer tell me it isn’t nits, it’s dandruff’, they now inform me ‘it’s lacquer’.”

Miss K. Poole, the Deputy Superintendent School Nurse, reports:—

“The problem of neglect on account of both parents working still continues to trouble the nurses.

“There seems to be almost a stalemate now, as children, whose parents have been to court, continue to become infested from time to time, often to a lesser degree, and nothing seems to persuade the parents that absolute cleanliness is possible and necessary. The general attitude is very much ‘couldn’t care less’.

“The fact of both parents working, and no supervision by other members of the family, except school children, is no doubt the main factor in keeping the verminous infestation rate high.

“There can be very few parents, if any, who do not know the usual methods of cleansing hair; one feels the main battle now is against apathy.”

Miss M. Snoddon, the Superintendent School Nurse, reports:—

“There is unfortunately an increase of approximately 900 in the infestation rate for the past year. Regular and frequent Hygiene Surveys help to reduce the number, but only in proportion and there is a core of persistent offenders who may be clean on one or two occasions but never remain so for any length of time.

“Many mothers insist that they give constant attention to the hair but fail to appreciate that before a child can be considered clean not one nit must be found in the hair.

“When shown evidence of infestation they are usually convinced but remain unconcerned, and it is this indifference which contributes to the consistently high rate of infestation.

“Hygiene Surveys are carried out at all Secondary Modern and Grammar Schools depending on the number of children found verminous at either the Medical Inspection or Hygiene Survey.

“In one Grammar School, one senior girl was found verminous at a Medical Inspection. At the subsequent Hygiene Survey of the whole school, 30 children were found with infested hair; this was the first time the school had been inspected, but it does indicate the need for constant supervision.”

Clothing and Footwear

The doctors' and nurses' reports indicate that inadequacy of clothing or footwear because of lack of money is becoming much less than even a few years ago. The main criticism now is faulty choice of clothing, often at greater cost, selection being made for 'style' rather than for suitability, quality or value for money.

Dr. M. Godwin, comments:—

“The children's clothing, with very few exceptions, has been excellent. It is rare now to find a boy without underpants. Shoes are generally worn and the wearing of 'pumps', so common at one time, has now become rare.”

Dr. June Phillips, states:—

“The wearing of unsuitable footwear seems to be creeping into junior schools as evidenced by the number of 11-year-olds wearing casuals and 'pointed-toe' shoes. Many girls seem to have the choice of footwear left entirely to their own (misguided) choice.”

In the school nurses' reports the following comments occur:—

“Shoes are frequently bought without the child having tried them on. A mother, finding her boy's boots were too small after buying them, took them to a cobbler's to have them stretched.”

“Unsuitable footwear seems to be causing many foot defects such as bunions and corns even in very young children. The modern type of shoe seems highly unsuitable for developing feet, but most of the mothers seem oblivious to this damage as long as the child is ‘in the fashion’.”

“Mothers buy footwear without taking their children with them to be properly fitted, consequently shoes are either too short or narrow fitting, causing corns which cripple the children.”

“The fashion for ‘pointed-toe’ shoes seems to have spread until even the five to eleven years age groups are now wearing them, causing malformation of the feet at an earlier age even than previously.”

“Clothing on the whole is good but a lot of the girls seem to be underclad, especially in the winter, nylon dresses being worn instead of warm skirts and jumpers which would cost much less and be far more suitable and much warmer.”

“During the past year there has been a noticeable change for the better in school children's apparel, but I think it would be a great step forward if all children from the age of eleven years were to wear school uniform.

“Regarding boys, I think it should be a ‘must’ to stop the apparitions that appear in schools at times, some of them look like scarecrows.”

Late Hours

Late hours remains a matter of concern. Dr. R. Burns, states in his report:—

“Late hours is undoubtedly the cause of most of the pallid children with poor posture seen in schools; many parents are not prepared to stand up to their children over this issue and take the line of least resistance, as a result of which quite a number of these children can do or say as they please to their parents. This is seen quite commonly in infant departments as well as in junior and secondary schools.”

Dr. P. Griffith, comments :—

“In the secondary modern schools lack of suitable footwear, especially amongst the girls, and the frequency of smoking, late hours and irregular dental hygiene, leaves much to be desired. Irregular school attendance in this age group constitutes a serious problem.”

The school nurses still find much evidence that even the youngest children in many families stay up very late to watch television. One nurse reports :—

“The number of children going to bed late seems to be on the increase, any time up to 11 p.m. being quite common.

“Parents give many excuses, sharing a bed and bedroom with older members of the family, and waiting until everyone goes to bed, being the most common.

“Supervision of children getting up is also poor. Many have no breakfast, or just a cup of tea, and are unwashed. In some cases the child gets up and goes to school unaided whilst the mother remains in bed.

“Absences are not always known by the parents when they both leave the house for work before the child is due to leave for school; the child can truant, or take odd days off, without being detected.”

Smoking

In most of the doctors' and nurses' reports smoking is discussed. From the opinions expressed the unanimous conclusion appears to be that the biggest factor in causing many children to smoke is imitating adults. It would seem that attempts at educating the children not to smoke will not be very successful as long as parents and teachers continue the habit.

Health Education

Miss Snoddon, the Superintendent School Nurse, reports :—

“During the past year requests for talks have been received from many head teachers and these were arranged whenever possible and given by the nurse attached to the school.

“It is a pleasure to record that where these talks have been given some head teachers have written to express their appreciation of their value, and to comment on the interest the girls have shown in health teaching.

"In schools with a Parent-Teacher' Association the school nurse is sometimes asked to give a talk on the School Health Service to the evening meetings, and they welcome the opportunity to meet the parents in this way.

"Mrs. Hodgson, the Senior School Nurse, has given a series of evening talks to a Youth Centre who have entered for the Duke of Edinburgh Award.

"Other school nurses have given talks to Youth Clubs, Church Clubs and other associations, and have shown films on health subjects when requested."

Miss K. Poole, the Deputy Superintendent School Nurse, comments:—

"Some of the nurses take a great interest in this aspect of the work and even extend giving talks and showing films to groups of children outside school hours. There is still a demand for talks, and the younger children in the infants and junior classes are now included."

Miss L. Pengelly, B.Sc., the Senior Biology Mistress at the Childwall Valley High School for Girls, organised a course on 'Health Education' for all the first year girls in her school, and she has kindly provided the following observations:—

"Even among educated adults there are many who have only the most inaccurate knowledge of the structure and functions of the human body, making them prey to the advertisers of patent medicines, needlessly worried about some illnesses and unable to judge the seriousness of others. It also means that they do not understand the reasons behind the rules for healthy living and frequently mis-apply them. Now that malnutrition has disappeared in this country and infectious diseases no longer kill and maim many victims, further improvements in the health of the population must come from preventive measures. The habits of health are learnt from babyhood in the home and later in the infant school, but the facts which explain them must be taught in the secondary schools as the rules of health can only be applied intelligently when their relationship to human anatomy and physiology is understood.

"In secondary modern schools the greater freedom of syllabus and lack of examination pressure make possible a full course in Social Biology, linked with Domestic Science and, possibly, First-Aid and Child-Care. The greatest need in these schools is for staff with the necessary knowledge and enthusiasm to teach the subject.

In a grammar school, Biology takes its place as a science subject with Physics and Chemistry. Many boys never study it at all or gain a meagre knowledge from the General Science syllabus, although most girls learn some Biology. In the limited time available for the preparation of an 'O' level subject it is not possible to devote much time to aspects not covered by the syllabus, so that even those who study Biology may never have the connection between it and their daily lives emphasised. This means that young people are leaving grammar schools without having had the opportunity for adequate instruction in Health Education.

"It is not practicable to introduce a compulsory non-examination subject into the fourth or fifth years when pupils are interested in obtaining the qualifications for their chosen careers, and although a Physiology and Hygiene course in the sixth form is very valuable it can only be taken by a few pupils. The most suitable time for a Health Education course, therefore, seems to be in the first year. Children of 11 years of age show great interest in this subject and most of them have not yet reached the adolescent stage in which they are less willing to ask questions. Many schools give some sex education in the first year and these lessons are more naturally given as part of a Physiology course by a teacher who already has the confidence of the class, than as a rather self-conscious special course.

"It is unlikely that more than two periods a week will be available for this subject but this should allow time to cover the main systems of the body, their methods of functioning and the ways in which they can be helped or hindered. It is essential that the teacher should have a sound knowledge of the subject as a large part of such a course consists of answering questions. To be one chapter ahead in a text book is useless. Children are apt to misunderstand even the most lucid account and this is revealed by their questions. A great deal of background information is necessary if these difficulties are to be resolved.

"The course is designed to give children the reasons for the habits of health which they are taught and the amount of detail learnt and long names given should be kept to a minimum so that this primary aim is not forgotten. Large charts and models, together with good blackboard illustrations, will help the child who has never seen a dissected mammal to visualise the appearance of the organs.

“It is probably best to begin with the skin of which the children already have some knowledge. A simple account of the structure and functions of its two layers can be given and a diagram or model used to show the hair follicles and sweat glands. Methods of temperature control will lead to a discussion of the different types of clothing and of the importance of suitable fabrics. It will also provide the opportunity for explaining why showers and a change of clothing are desirable after strenuous exercise. Many children have spots and pimples and will want to know their cause and the correct treatment as well as that for minor cuts, bruises and boils. Cleanliness and, for the girls, the correct use and removal of make-up are also important. The growth and the colour of hair interest all girls and they want to know how to keep it at its best. They will all have been told that permanent waving and bleaching are bad for the hair and want to know why and how the hair is affected.

“It is not necessary at this stage to teach the names of all the bones but it is important to give the impression of a system of levers held together by ligaments and muscle tone, which provides a framework for the body. Many children think that they would fall to pieces if their skin was removed and others imagine that the whole skeleton is rigid and do not realise its importance in movement. A plastic human skeleton hanging from a support is useful, as it not only shows the shape and position of the bones but will collapse dramatically if the support is removed, showing the importance of the muscles. The action of muscles in the movement of a simple joint and the importance of tendons and ligaments will provide an opportunity for a description of the causes and treatment of sprains and cramp. The necessity of regular exercise in the maintenance of muscle tone, of proper posture to prevent the constriction of internal organs and the effect of tight shoes on growing bones should all be stressed.

“In digestion the names and actions of the enzymes have no interest at this stage. Foods and the well balanced diet are much more important. At eleven, children are still young enough to enjoy collecting coloured pictures from magazines and sticking them in their books under the appropriate headings. They are especially interested in the effects of the vitamins.

“Most children are so much more frightened of the dentist than of toothache that it is well worth while following the decay of a tooth

from the sugar film left by a lolly through the death and decay of the pulp to the formation of an abscess and the disintegration of the tooth. If only a few children can be persuaded to clean their teeth after meals, reduce their sweet sucking and visit the dentist regularly, the course will be worth while.

“It comes as quite a surprise to many children to discover that the stomach is not a large bag occupying the whole of the abdomen. They should learn where it is and its function so that they will understand why they should eat a few large meals and not be continually taking snacks. Most children know from personal experience that excitement or fear can make them sick and this can be used, together with their relations’ gastric and duodenal ulcers, to illustrate the bad effects of rush and strain at meal times and of irregular meals.

The action of the colon in drying the faeces and the muscles of the rectum in pushing them out of the body should be explained. The children should know that the reflexes of the rectal muscles occur after meals and are strongest after breakfast, so that they will realise that the way to avoid constipation is not regular dosing but getting up in time to eat a leisurely breakfast and to give the muscles time to work.

“Blood and circulation are fascinating topics and it is difficult to avoid talking about blue babies, Rhesus babies, heart attacks, thrombosis, palpitations, the pulse and varicose veins. Infectious diseases have been experienced by all and the body’s defences can be explained simply, leading up to immunity and the effect of vaccinations. Propaganda on this subject will help the children to accept the B.C.G. vaccination which they will soon be offered. When they are parents they will be more likely to see that their children are adequately protected.

“Only a very simple account of the structure of the lungs is needed as breathing and the functions of the nose are the most important aspects of respiration for Health Education. The action of the diaphragm, illustrated by the bell jar and balloon experiment, will help to convince the class that air is drawn into the lungs, not blown in. Tonsils and adenoids will help to illustrate the cleaning function of the nose and the delicacy of the lung lining should be mentioned to show how important this cleaning is, and how necessary it is to have clean air. This will include discussion of ventilation, reduction of air pollution and the risks involved in heavy smoking.

“The external appearance and functions of the kidneys and bladder should be given but any attempt to describe the internal structure and the method of urine formation requires far too much detail. The source of the wastes and the importance of drinking plenty of water should be included.

“The nervous system is also much too complicated for more than a very general account. A comparison with a telephone system with messages passing from a ‘microphone’ along ‘wires’ to an ‘exchange’ which directs them to the correct ‘receiver’ should supply all that is required about reflex action. The working of the eye presents no problem with a class that has already done some work on lenses in Physics: If the Physics course has progressed no further than the Bunsen burner, the formation of an inverted image by a lens is easily demonstrated. An old camera with an adjustable aperture is useful to show the action of the iris. Many girls are too vain to wear their glasses and the danger of the resulting strain should be explained as well as the inadvisability of reading in poor light.

“The structure of the labyrinth of the ear should be kept as simple as possible, with mention of the semicircular canals and cochlea only. It is possible to describe the action of the canals simply, but the cochlea should be mentioned as sensitive to sound waves, without any attempt to explain how. An account of the ear drum and its importance in hearing should discourage the class from cleaning out their ears with match sticks, and they should be warned of the danger of middle ear infections resulting from too vigorous nose blowing. The function of the Eustachian tube will explain the necessity for swallowing when an aeroplane takes off or lands.

“The Victorian attitude to sex still makes many parents unwilling or unable to answer their children’s questions, and at the age of eleven many children have only the most hazy and often horrifying ideas about development and birth. In these days when young people are bombarded with sex from all sides, it is hard to believe that they should have so little accurate knowledge, and it is essential that instruction should be given before they become emotionally involved. Some parents confuse innocence with ignorance, with the result in most cases that sex becomes firmly linked in the child’s mind with dirty stories. Only once have I taught a girl who reached the age of fifteen without knowing anything about human reproduction. She looked at me with shocked horror

throughout this part of the Biology course. Such a girl could easily find herself in moral danger because she did not realise what could happen to her. The attitude which accepts reproduction as a part of life without trying to hide it or putting undue stress on it, is by far the most healthy. Children should be helped to realise that the family is the source of security for both parents and children and that sex relations outside marriage can give only transient pleasure, and are no basis for real happiness.

“If possible, girls should be taught about menstruation before it starts so that they know what is happening and why. It should be stressed that this is a natural occurrence and should not cause excessive pain. Many mothers allow their daughters to suffer month after month because they did at the same age, and the girl will ‘grow out of it’, or ‘it will be better when she has had her first baby’. These girls should be told that their doctor can help them, and sometimes they need bullying until they have been.

“A course such as this will interest the class and provide a great deal of information. Unfortunately, theory and practice are not always the same thing. It is possible to meet the author of an excellent essay on the dangers of sweet sucking, happily chewing a caramel, or to see a strong advocate of early nights still out after 11 p.m. After a few months much of the work will have been forgotten, but something remains and frequently bears fruit after several years. When young parents are bringing up their children and want to do the best for them, they remember some of the work and apply it sensibly.”

SCHOOL ATTENDANCE AND WELFARE

Mr. J. G. Houghton, the Superintendent of the School Attendance and Welfare Section, reports :—

“Part-time Employment of Children

“During the year the total number of children engaged in part-time employment was 3,054. Of this number all children who were employed for the first time were examined by the school medical officer in order to ascertain their fitness or otherwise to take up part-time employment. Proceedings in respect of the illegal employment of school children in contravention of the local byelaws and the Children and Young Persons Act which regulate the employment of children were taken in 26 cases and fines ranging from 10s. to £3 were imposed in 23 cases. The

defendants in two of the remaining cases were given an absolute discharge and one case resulted in being dismissed.

“No child can be employed in any capacity unless he has attained the age of two years below that which is for the time being the upper age limit of compulsory school age. Legal proceedings in regard to contravention of the employment of children in part-time work is always taken under the Children and Young Persons Act for which a defendant on summary conviction is liable to a fine not exceeding £5 for a first offence and in the second or subsequent offence a fine not exceeding £20 may be imposed.

“Street Trading

“Under the regulations governing Street Trading no person under the age of 18 years is permitted to engage in, or assist in Street Trading, and constant vigilance is necessary in order to ensure that the provisions of the Act and Bye-laws made thereunder are strictly observed. During the year under review legal proceedings were taken in 20 cases and fines varying from 10s. to £10 were imposed in 16 cases, whilst four were given discharges, either conditional or absolute.

“Employment of Children in Entertainment

“Children under the age of 12 years are not permitted to appear in entertainment which is organised by the promoter for his personal profit. A child over the age of 12 years and where the profit accrues to the promoter may appear only under a licence which has been issued by the local authority. During the year 35 licences were issued which represents a considerable reduction compared with that for the previous year. In all cases where a licence is issued the children have to be examined by the school medical officer to determine whether or not they are physically fit to take part in the entertainment.

“The conditions under which children work in local theatres are under the constant supervision of special officers from the School Attendance and Welfare Section. In cases where children from outside authorities perform in Liverpool theatres, the lodgings and sleeping accommodation of the children are carefully inspected to ensure that everything is satisfactory from the material aspect. It is also necessary, however, for close supervision to be kept in order to obviate any undesirable contact with the children which may have a bearing on the moral aspect.

“A licence is not necessary in cases of children who appear in entertainment where the profits are used for charitable purposes, or where any profit accruing is pooled back to the funds of the organisation responsible for the entertainment, or where the promoter does not stand to gain any personal monetary advantage.

“School Attendance

“During the year under view numerous cases, especially those concerning prolonged absence from school or where the attendance of children is deemed to be unsatisfactory, are referred by the School Attendance and Welfare Section for examination by the school medical officer in order to ascertain whether or not the children are fit to attend school. Some of these cases are difficult and obstinate, and the co-operation received from the School Health Service in respect of these examinations, and the reports which are submitted, are very much appreciated by the Section. In quite a good number of instances, and as a result of such examination, some of the children were recommended for special schooling or referred for psychiatric examination and/or treatment.

“In connection with the weekly meetings of the School Attendance and Welfare Sub-Committee which considers cases for prosecution through the Courts, the attendance at the Committee of a representative from the School Health Service is also appreciated, as also are the helpful reports which are submitted.

“Neglect and Ill-treatment of Children

“The School Attendance and Welfare Section is the statutory body responsible for carrying out the provisions of Part I of the Children and Young Persons Act, 1933 which deal with the wilful neglect and/or ill-treatment of children. Many of the cases which are submitted are reported by the School Welfare Officers, Heads of schools, the Police and Officers from other statutory bodies as well as by voluntary organisations and in some cases members of the public. All cases thus referred are carefully sifted and investigated by a small staff of special officers. Only in cases of wilful neglect or ill-treatment, and where it is found that remedial measures would be difficult to apply, are children removed from the custody of their parents. Quite a large proportion of the time spent by these officers in dealing with this important aspect of child life is taken up with rehabilitation. It should be remembered that

rehabilitation prevents deterioration from becoming so pronounced as would involve the inevitable removal of the children from their homes, were it allowed to continue. Many cases are found to be those which relate to 'problem families'. Many of these problem and difficult families are referred to the Co-ordinating Officer (the Medical Officer of Health) who holds meetings of the Co-ordinating Committee as and when required. Representatives from various interested bodies are invited to attend and discuss the various aspects of the problems confronting the family in order that arrangements may be put in hand, if this is practicable, for improving the conditions and circumstances under which children from such families live.

"The number of cases of neglect, or alleged neglect, under supervision at present is 265. During the year it was necessary to take legal proceedings in respect of six families—three parents were given conditional discharge, one was fined, one was placed on probation and one committed to a Mental Hospital. The number of summonses served by special officers from this Section on parents in connection with the verminous condition of their children was 102. These officers also attended Court in order to prove, if necessary, the service of such summonses.

"School nurses and school medical officers brought to the notice of the Section quite a number of cases where children were unable to obtain the full benefit of the education provided owing to either unsatisfactory or inadequate footwear and clothing. These cases were efficiently helped by the provision of necessary apparel and footwear from our own supply depot. In other cases they were referred to the National Assistance Board—in appropriate cases voluntary agencies also helped."

CHILD GUIDANCE

During 1961 the work of the Child Guidance Centre was gradually expanded. Dr. H. F. Jarvie was appointed as a part-time Consultant Psychiatrist. Following Miss Finzel's resignation in September, Miss J. Lloyd, Miss A. Walpole and Mr. B. Gibson were appointed as Social Workers. At the end of the year the appointment of a senior psychiatric social worker was under consideration and such an appointment has since been approved.

A subsidiary child guidance unit was opened at the Norris Green Minor Ailments Clinic to cater for those families in the northern part

of the City. The acquisition, however, of these premises has only very slightly alleviated the pressure on accommodation at the Falkner Square Centre. With the increases in staff and a case-load which is now five times as great as that of 1951, the need for new premises is still acute.

Attendance

A total number of 1,006 cases were seen in the course of the year for diagnosis and treatment. Of these, 438 (305 boys and 133 girls) were new cases. A slight decrease occurred in the number of children below average in intelligence but the percentage of new cases over 12 years of age still remained high. In many of these it was evident that recourse to child guidance had come when every other method had failed and the parents often strengthened in the belief their case was hopeless. This need for early referral and screening is of vital importance from the preventative point of view.

The number of attendances for treatment were :—

(a) Individual psychotherapy...	...	1,179
(b) Group psychotherapy	...	323
(c) Remedial teaching...	...	5,969
Total ...		<u>7,471</u>

An additional 75 cases were referred but did not attend the Centre for the following reasons, viz.: in 22 instances the social workers reported sufficient improvement not to warrant an appointment; 18 were withdrawn or seen elsewhere; three had left the area; of the 32 who failed to co-operate, some were assessed as ‘problem families’ well-known to other services and organisations and necessitating more comprehensive treatment disposal beyond the functions of a Child Guidance Centre.

Social Work

The number of interviews carried out were :—

(a) At the homes	...	1,762
(b) At the Centre	...	31
Total...		<u>1,793</u>

Without exception all new cases referred for investigation were initially visited in their homes. Such visits are often necessary to allay fears of criticism and disapproval that many parents anticipate when a visit to a “Child Guidance Centre” is forthcoming. Even more important, the

social worker, by assessing the various dynamic factors operative in the family situation, can estimate the capacity of the family to co-operate. Much clinic time can be consumed with "social problem families" and transient disturbances which the clinic team is not necessary to deal with.

A.B. was referred because of her difficult, disrupting behaviour in school. When the social worker first visited the home the mother denied vehemently all knowledge of the reported behaviour and interpreted the idea of referral to a Child Guidance Centre as an uncalled for punishment of her daughter; to this mother, Child Guidance Centre and Approved School were synonymous: several visits were necessary to allay these fears before an appointment could be arranged and treatment begun.

School Visits

Forty-one visits to schools to discuss cases were made during the year. With the increase in referrals to the two Centres and in psychiatric sessions, visits by the educational psychologists to the schools were curtailed. The importance of such contact with the schools cannot be underestimated for the purposes of diagnosis, and when a line of treatment or disposal is being acted upon. The co-operation obtained from the head teachers and school staff at Case Conferences held at the Centre was satisfying.

Grammar School Cases

Fourteen grammar school cases were seen at the Centre. A disturbing feature of many of these cases was the delay in referral to the Centre from the time the original complaint was manifested, viz. :—

S.T. was over 14 year of age when he was referred to the Centre for investigation of his "truancy", enteritis and chronic enuresis. When the social worker visited the home the parents reported that his "truancy" had started when he had been transferred to grammar school following his success at the 11+ examination but that his enuresis had occurred for many years prior to that. The boy himself stated that a "queer feeling" came over him in the morning preparatory to leaving the home for school and that, as a consequence, he was not able to act rationally.

The boy attended a grammar school for a period but, with his truancy persisting, he was later transferred to a secondary technical school. Despite this, the truancy continued and, according to the parents, his

enuresis occurred every night. In the six months prior to his referral to the Centre for investigation he had begun, in addition, to steal money from the home. In brief, at least three years had elapsed before the presenting problem was considered as suitable for child guidance investigation and treatment.

Court Cases

At the request of the Magistrates, 50 cases were seen for psychiatric investigation and possible recommendations about future treatment. This figure represents an increase of approximately 100 per cent over the figure for 1960. In the preliminary investigations and discussions, the attendance of the probation officer at the Centre was much appreciated.

Classification of New Cases

The problems of the cases as referred have been classified as under. Many cases present multiple symptoms and could have been classified under different headings, but in each case the most prominent symptom is listed below:—

I. Nervous Disorders	...	...	...	...	...	...	...	23	(5%)
Fears	...	...	...	...	...	...	...	16	
(anxiety, phobias, timidity, over-sensitivity)									
Seclusiveness	...	...	...	...	...	...	...	2	
(unsociability, solitariness)									
Depression	...	...	...	...	...	...	...	3	
(brooding, melancholy periods)									
Excitability	...	...	...	...	...	...	...	2	
(over-activity)									
II. Habit Disorders and Physical Symptoms	...	...	...	...	...	...	...	47	(11%)
Speech disorders	...	...	...	...	...	...	...	3	
(stammering, speech defects, hysterical aphonia, inability to speak)									
Sleep disorders	...	...	...	...	...	...	...	6	
(night-terrors, sleep-walking, insomnia, talking in sleep)									
Nervous movements	...	...	...	...	...	...	...	5	
(twitching, tics, habit-spasms, head-banging)									
thumb-sucking, nail biting)	...	...	...	...	...	...	...
Excretory disorders	...	...	...	...	...	...	...	28	
(constipation, enuresis, faecal incontinence, refusal to use lavatory)									
Nervous pains and paralyses	...	...	...	...	...	...	...	1	
(hysterical paralyses, nervous dyspepsia, pains in limbs, headache, functional deafness, disturbance of sight)									
Physical disorders	...	...	...	...	...	...	...	4	
(allergic conditions, asthma, etc.)									

III. Behaviour Disorders	...	...	...	...	...	...	...	143	(32 %)
Unmanageable	...	...	...	...	...	...	...	39	
(disobedience, beyond control, persistent negativism, defiance, refusal to work or go to school)									
Temper	...	...	...	...	...	...	...	8	
(tantrums, anger, screaming fits)									
Aggressiveness	...	...	...	...	...	...	...	13	
(bullying, destructiveness, spitefulness, cruelty)									
Jealous behaviour	...	...	...	...	...	...	...	1	
Demanding attention	...	...	...	...	...	...	...	1	
Stealing	...	...	...	...	...	...	...	46	
Lying and romancing	...	...	...	...	...	...	...	4	
Truancy	...	...	...	...	...	...	...	27	
(wandering, staying out late)									
Sex difficulty	...	...	...	...	...	...	...	4	
(masturbation, sex play, homosexuality)									
IV. Psychotic Behaviour	...	...	...	...	...	...	...	1	(1 %)
(hallucinations, delusions, extreme withdrawal, bizarre symptoms, including violence)									
V. Educational Difficulties	...	...	...	...	...	...	...	184	(41 %)
(backwardness, school failure, special disabilities)									
VI. For Special Examination	...	...	...	...	...	...	...	39	(9 %)
(psychological examination, educational advice)									
VII. Unclassified	...	...	...	...	...	...	...	1	(1 %)
Age Range of New Cases									
Below 8	...	...	...	...	...	...	...	70	(16 %)
8-11	...	...	...	...	...	...	...	238	(53 %)
12 and over	...	...	...	...	...	...	...	130	(31 %)
Intellectual Level									
Above Average	...	...	...	...	...	...	...	50	(11 %)
Average	...	...	...	...	...	...	...	196	(45 %)
Below Average	...	...	...	...	...	...	...	192	(44 %)
NATURE OF TREATMENT UNDERTAKEN IN CLOSED CASES									
1. Diagnosis and Advice	...	...	...	...	...	...	...	194	(44 %)
(a) General advice to source of reference	...	...	...	...	...	...	...	133	
(b) Recommended for Special School for Educationally Subnormal Pupils	...	...	...	...	...	...	...	42	
(Day School—36; Residential School—6).									
(c) Recommended for Special School for Mal-adjusted Children or other Residential School	...	...	...	...	...	...	...	5	
(d) Recommended for transfer to other clinic, hospital, or to Mental Health Authority	...	...	...	...	...	...	...	14	
2. Individual and Group Treatment	...	...	...	...	...	...	...	157	(35 %)
(a) Satisfactorily adjusted	...	...	...	...	...	...	...	92	
(b) Improved	...	...	...	...	...	...	...	60	
(c) Not Improved	...	...	...	...	...	...	...	5	
3. (a) Withdrawal by parents before completion of treatment, or closed for lack of co-operation	...	...	...	...	...	...	...	67	89 (21 %)
(b) Closed for other reasons	...	...	...	...	...	...	...	22	
Total number of closed cases								440	

Remedial Teaching

Though arrangements for remedial teaching continued to work smoothly, two aspects of the service remained unsatisfactory. The first was the large number of children who were referred solely because of retardation and who were without any concomitant major psychological problems. The second aspect was the increasing number of cases in the older age groups, many of dull average intelligence, for whom the services of the Centre were requested too late. A large proportion of these "late" referrals manifested emotional symptoms resulting from years of failure and frustration in one or more of the basic school subjects. The case of S.M. which follows illustrates this question of late referral.

S.M. was 12 years of age at the time of his referral to the Centre for investigation and treatment of his educational retardation. He had a Word Recognition Age of 6·3 years (Burt Rearranged) and an Arithmetic Age of 7·4 years (Vernon) at the preliminary assessment. Though superficially bright, cheerful and alert, he manifested considerable anxiety and tension; he was hesitant in response, and his overall attitude was one of apathy and lack of self-confidence. Close observation in the remedial teaching situation disclosed even more alarmingly that he had given up the struggle—"reading was beyond his capabilities". His mother's cryptic comment when he was finally discharged was "why hadn't something been done long before?".

S.W. joined three others for remedial teaching last September at the age of eight, with a reading age of about 5·5 years; at about the same time he joined a play therapy group. He had been referred because of enuresis and very difficult behaviour in school. A child of average intelligence, he is affectionate and sensitive, with a tendency to bottle up his feelings. Though one of a basically happy family, he has had very considerable difficulties and disturbances in his home environment, with discord in some relationships and some distressing happenings that for him amounted to emotional traumata. It is not surprising that he failed to make progress in school, especially in reading, and no doubt it was partly the resultant frustration that found expression in aggressive behaviour.

From the start he was a happy member of the group of near non-readers, earnest and keenly interested. After about a month it was clear that he would soon far outstrip the others. He borrowed many library

books—by the end of the term his reading age was over eight years, almost level with his chronological age. A marked improvement in behaviour and general adjustment was reported. The enuresis is still a problem, which may persist in some degree for a considerable time, the more so as it is due not entirely, though very largely, to emotional causes.

Specific formal teaching has played relatively little part up to now in S's progress. A favourable learning environment with attractive books and materials and a fresh start have helped to release what was essentially already there. From now on, however, teaching of the more difficult phonic elements will have its place.

Obviously this child still needs help and support, both to consolidate his gains and to help him, through the satisfaction of achievement and good relationships, towards the solution of his still formidable problems.

P.F., a girl who is now 10 years old, was tested in April, 1961, and showed a reading age of less than $5\frac{1}{2}$ years. She had been referred because of retardation in reading, and was said to be withdrawn and of solitary habits, though very recently she had made some friends with whom she played after school. Before this she was said to have been called "stupid" by the other children and left out of games.

The reasons for her retardation were very clear. Her mother is almost completely deaf, and her father is away at sea except for short periods of leave, so that although she has brothers and sisters (two very young), her environment has been unfavourable to the development of language skills in general. In addition to this, it had been found about 18 months before the date of testing that her eyesight was defective. There had also been a period when she suffered from sleeplessness and anxiety, and at this time she had "given a little trouble in school". Testing showed low average intelligence. Her mother throughout has been very co-operative and concerned for her progress.

P. began attending for remedial teaching in September, and was at first very timid, lacking in confidence, and relatively unresponsive—she rarely smiled. She responded well, however, to encouragement and praise, and soon began to make progress. There was a marked lack of phonic knowledge, but as she acquired this she could readily apply it, and by the end of term her reading age had increased by about a year, and she was able to gain real pleasure by reading stories at home.

Confidence and phonic knowledge are still her chief needs and she has much leeway to make up, but should continue to make good progress. In view of her restricted opportunities for development in the past, both environmental and self-imposed, it will be interesting to see if, later on, her Intelligence Quotient shows any noteworthy increase.

Liaison with Special Schools

As in previous years, the liaison between the Centre and special schools was excellent. The discharge, however, of some cases who had had residential treatment was unsatisfactory. Despite every effort by the clinic team during the time the child was in residence, many home circumstances remained chronic from the point of view of the child's mental health. The implications of the return of a child to the very stresses that precipitated his behaviour pattern and the necessity for much wider, more comprehensive action on his behalf are not yet readily admitted and recognised. The need for the school to which the child is returning to be informed on the background and circumstances that necessitated his removal to residential treatment is also of paramount importance for successful future adjustment.

The Director of the Notre Dame Child Guidance Clinic reports:—

“During the year, 157 Liverpool children were seen at the Clinic, having been referred from the School Health Service. The problems as presented may be roughly divided into behaviour and personality difficulties, 66; and difficulties in learning, 87. The total includes four children sent simply for diagnosis and advice.

“In evaluating the progress of the children we are frequently reminded that even with the individual child we do not restrict ourselves to one method of treatment. We are treating the ‘whole’ child and, therefore, try to consider all the relevant aspects and in so doing we come into contact with many other people who are involved in the child's life—parents, teachers, doctors, and other social agents. The principal function of the Clinic in many cases is, in a specific way, that of a ‘co-ordinating agent’. It is essential that we remember that the changes which occur outside the treatment session are most often equally, if not more, important than what happens to the child in the Clinic. It is true, of course, that changes in the child's attitude, due to treatment, modify the attitude of other people to him, but often the work of the Clinic is to secure the insightful co-operation of other people in helping the child.

How crucially the effectiveness of treatment depends on this is well illustrated by three of our recent cases. The first case, that of a physically handicapped child, shows how, during the course of treatment, marked progress was only made when the psychiatric social worker had helped the mother to accept the child's handicap and so take a more realistic view of her capabilities and limitations.

“Contrary to the general opinion, not all parents view child guidance as something that is going to help their children overcome problems. Still less does the parent, who does not admit to any problems in her child, view the Clinic in a favourable light. Such a parent expresses dissatisfaction over the referral, doubts the wisdom of co-operation with the referral agency, and usually puts up tremendous barriers to entering into a relationship with the Clinic, even though she may go through the motion of co-operation by turning up regularly and punctually for appointments. It is the psychiatric social worker's task to help such a parent to face up to the existence of a problem and it is only when the parent accepts this that there is any positive motivation towards co-operating.

“Jane, aged 6+, was referred on account of the difficulties she presented whenever she attended hospital for medical investigation of her fairly severe physical handicap; in fact, no-one could examine the child. It was thought that her greatest difficulties were psychological in origin and that a period of treatment at this Clinic might help her to develop a more positive attitude and readiness to accept help from the staffs of the other clinics concerned. In social work with the mother it gradually emerged that the child was really acting out her mother's wishes and resisting help for her disability. The mother, a resourceful and intelligent woman, had herself attended a special school in childhood owing to a physical defect, although not the same as her daughter's. She was very afraid that the same fate lay in store for her child and coped with this fear by, if not exactly denying the child's disability, very much minimising it. This attitude meant that she was demanding of the child, and expecting, a higher all-round level of competence than was possible. All this led to frequent loss of temper on the part of the mother and of stubborn withdrawal on the part of the child. The mother came regularly with Jane to the Clinic. For a long time she was very off-hand in her relationship with the social worker and her attitude almost inferred that coming to the Clinic was a complete waste of time and that she was

really conferring a favour on us by keeping the appointments. By degrees she became easier and was able to express her fears and gradually faced up to the existence of the child's problem. It was only then that she could bring herself to accept help for the child's physical disability.

“At the same time as this was happening at home, through the co-operation of the school and the interest of the school doctor, the child began to make progress both educationally and socially.

When first seen at the Clinic Jane's psychological assessment showed her to be of superior intelligence. Due to her handicap, however, she was quite unable to function in school at this level and any communication was difficult. She was at first given individual coaching and group play but neither the teacher nor the play therapist were able to make much headway. Attendance was spasmodic and in the play group Jane tended to be solitary. She preferred jig-saw puzzles and other constructive toys, but occasionally painted. Although she began to join the other children she never really became one of the group. During this period there was little gain, so it was decided to try her in individual therapy, combining both coaching and play. From the outset she had shown herself over-anxious to succeed at her work. By joining the play and coaching it was hoped to establish a more relaxed atmosphere and to encourage her in more spontaneous, imaginative activities. After several weeks of very slow progress it seemed wiser to accept her preference for the more structural toys. A definite improvement in the relationship followed and educationally she improved rapidly. She became much more relaxed and began to take part in and enjoy competitive games.

“About the time Jane's treatment programme at the Clinic was changed, a visit was paid to the school. At the suggestion of the school doctor, Jane had been moved into an 'A' class and an interview with her new class teacher helped to co-ordinate the work of the Clinic and the school. As Jane improved at the Clinic she also advanced in school. When it was felt that she had reached the point where school work was no longer a problem the teacher reported that Jane was now in the best section of an 'A' class. She was interested in her work and had her own group of friends, in fact she was—to quote the teacher—'a normal little girl'. The mother also reported great improvement. She is now happy with

her little girl and legitimately proud of her accomplishments. We felt we could close the case very satisfactorily.

“The second case is that of a nine-year-old boy who had been in the care of the Local Authority from the age of two or three. Very soon after the referral the father re-married and was able to establish a home. Settling into a real home, in itself a problem, was the main factor in the child's improvement. This was greatly assisted by the support which the social worker was able to give the new mother in accepting this child, who had met rejection many times before, and in handling the numerous problems which arose in the first few months.

“When Bill was first referred to the Clinic the major problem was stated to be ‘pilfering’. Bill and his younger brother had been taken into care in 1957 when the father requested help after the mother had deserted. They were placed successfully in a residential nursery, a family group home, and a foster home. From the outset Bill had been a problem and at the time of referral had been separated from his brother and returned to a family group home. He had apparently adjusted quite well to the home but the school was unable to handle his continuous pilfering and found him unamenable to discipline.

“When he attended the Clinic for examination Bill was accompanied by the group house-mother but she reported that his father was re-marrying and planned to set up a home for the two boys. Treatment was, therefore, not undertaken until the family had settled and the co-operation of the father and step-mother was obtained. Bill and his step-mother attended for about 12 treatment sessions, when the psychiatric social worker interviewed the step-mother and Bill was given individual play therapy. Bill's new step-mother showed good practical commonsense in handling the boys but in the first weeks found the lack of response, particularly from Bill, difficult to understand. She was trying her best to give them a good home and the affection she was sure they needed but she received no affection in return. Bill did not give a great deal of trouble but there were many little problems. On one occasion the two boys threw mud over a neighbour's clean washing and the step-mother had the task of re-doing the wash. The father was a well-meaning but rather ineffectual man and on such occasions threatened to send Bill away. The social worker was able to steer the step-mother through these difficult days, helping her to appreciate the child's feelings and to realise that many of his pranks were a testing of

her acceptance of him. Some of the problems which might be anticipated were also discussed and the step-mother was encouraged to help her husband in modifying his attitude towards Bill.

“In his own treatment sessions Bill settled down quite happily but it was difficult to discover his real feeling about his new home. He enjoyed playing with soldiers and guns but his games were always well controlled and he never showed any excessive aggression. His insecurity and feelings of deprivation manifested themselves in his attitude towards the therapist, in his preoccupation with presents and his use of toys.

“He began to accept his new home but for some time was concerned about its permanence. After about six weeks of treatment he verbalised some of his fears. He had made a rather flimsy house of bricks and the therapist showed him how to build a firmer structure. At this point he began to list all the homes he had lived in, beginning with his early memory of his father leaving him at the nursery when they were playing a game of hide and seek. When asked if he felt that he now had a real home he was not at all sure. The therapist decided to secure the aid of the social worker in getting the parents to reassure Bill. Some troublesome weeks at home followed but Bill was now more able to talk about this (maybe his use of the telescope at play symbolised how he was getting things into focus in the wider world of home and school)! Recently no problems have been reported. Although we feel that the present state is very satisfactory we have not entirely closed the case but have arranged for visits during the school holiday so that the step-mother has the reassurance that if she needs help she can easily obtain it.

“The third case was not as satisfactory in its outcome but serves to illustrate how the effectiveness of treatment in the Clinic may be limited by the amount of change which can be brought about in the attitudes of other people who are closely concerned with the child.

“Mary, a very attractive nine-year-old girl, like Bill, was referred to the Clinic for problems of stealing at school. Unlike Bill, she came from a stable, middle-class home, and was materially well provided for.

Mary was the elder of two girls. Until 1955 the parents had not had a home of their own and Mary spent of her early life with her maternal grandparents of whom she was very fond. From the beginning of her school life behaviour problems had manifested themselves and diurnal and nocturnal enuresis dated from this time. Incidents of stealing had begun to occur about 12 months before the referral. The final incident had assumed such proportions that the school was contemplating asking the parents to remove the child. She was kept only on condition that they sought help.

“When the psychiatric social worker interviewed the father it became very clear that Mary was under continuous academic pressure. The father had spent time coaching her at home and had employed a teacher to give her extra lessons, both in the holidays and during the school year. Mary was given homework at school and also at home. All her time out of school was given to more school work at home. At the time of the stealing the family were saving for a continental holiday and Mary’s pocket money had been cut to less than half the former amount. The father complained that Mary was slow and lazy. His ideas on the upbringing of children were strict. He was obviously the dominant force in the home and at the diagnostic conference the psychiatric social worker expressed his feelings of doubt about this man’s ability to co-operate. The mother did not attend the Clinic. Mary’s relationship with her seemed fairly good but she did not seem able to fully provide for the child’s affectional needs and she accepted her husband’s ideas uncritically. The whole family was over-concerned with money and achievement.

“When Mary was first seen at the Clinic she was very apprehensive but, while recounting her tale of trouble, she managed to retain good control and when the function of the Clinic was explained to her she became much more relaxed. She is a girl of good average intelligence and she showed a lively imagination in her use of the play materials. The distinction between phantasy and reality was sometimes difficult to discern and the main aim of treatment was to give her an outlet for her

phantasies while helping her to face reality. She enjoyed the Clinic and was able to talk freely about home and school. Since her referral there have been no more incidents of stealing.

“The school was contacted twice during the course of treatment and reported great improvement. Mary had moved into another class. She liked her new teacher and was enjoying the work. The head mistress was as concerned as the Clinic about the pressure the child was under at home and had done what she could to alleviate this. The psychiatric social worker had been able to slightly modify the father’s views but despite the advice of both school and Clinic private coaching continued. Mary was now rewarded when she did well rather than punished when she did badly. The father was satisfied with her progress and the case was closed. Mary at present accepts her father’s views but we feel that the emphasis on the need for achievement may lead to later troubles. The school are concerned about her reaction to 11+ strain next year but are ready to do what they can to help her.

“In this way co-ordination of effort between all concerned, within and without the Clinic, is seen to be of the essence of the work—a collaboration which cannot be thought of as merely useful if and when one has time. We can never say that adjustment or improvement was due to one factor only. Even when a child is specifically referred for educational help we often find his learning difficulty is bound up with other problems, such as poor self-evaluation, or inability to get on with other children, and it is common practice for us to include such children in either play or occupational therapy groups.

“The general movement towards early treatment and preventive work has been reflected in visits to the Clinic by teachers, probation officers and other social workers.”

TUBERCULOSIS

The following tabulated statistics relate to the number of notifications of tuberculosis and deaths from that disease:—

TABLE III
Tuberculosis Notifications, School Children (5-15 years)

	1928	1938	1948	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	
MALES	Respiratory ...	215	59	36	56	46	78	64	58	37	43	32	26	33	13	14
	Non-Respiratory	122	55	33	21	26	19	16	16	11	5	9	6	2	3	4
FEMALES	Respiratory ...	192	58	43	57	55	83	66	56	45	45	47	35	21	11	12
	Non-Respiratory	122	63	16	20	21	16	11	12	8	3	5	4	2	2	2
TOTALS ...	651	235	128	154	148	196	157	142	105	101	91	72	60	29	32	32

DEATHS

	1928	1938	1948	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
MALES	Respiratory ...	12	3	2	1	—	—	—	—	—	—	1	—	—	—
	Non-Respiratory	19	5	9	2	1	—	—	1	—	—	—	2	—	—
FEMALES	Respiratory ...	25	8	6	1	2	1	—	2	—	—	—	—	—	—
	Non-Respiratory	22	6	7	6	4	2	1	1	—	—	1	—	—	1
	TOTALS ...	78	22	24	10	7	18	3	4	—	—	2	2	—	1

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

B.C.G. Vaccination

During the year under review B.C.G. vaccination has again been offered to children in their second year at secondary school, skin testing being carried out by the simple Heaf multiple puncture method.

Number of eligible children	...	...	...	...	...	...	...	13,179
Number of consents received	...	...	...	...	...	...	...	11,542
Percentage of consents	...	...	...	...	...	...	...	87%
Number vaccinated	...	...	...	...	...	...	...	8,467

The percentage of consents is the highest attained since the introduction of the B.C.G. scheme in 1954. This achievement is largely due to the continued co-operation from the head teachers of the schools concerned and also to the visiting by school nurses.

The percentage of children who failed to attend for completion of the treatment, despite the fact that special defaulter sessions were held, was 10 per cent, compared with 5 per cent during 1960. The increase was due to the poliomyelitis campaign which delayed many children from receiving B.C.G. vaccination as an interval of four to six weeks must elapse between these proceedings. These children will be seen again during 1962.

The number of positive reactors totalled 1,426 which represents 12·5 per cent. The percentage of positive reactors has continued to drop since the inception of the scheme seven years ago, when the percentage of positives was 34 per cent. These figures are significant and reveal the reduction in natural infection which is taking place. They indicate that there is less likelihood of children now acquiring natural immunity and emphasise the need to provide immunity by vaccination.

Children given B.C.G. vaccination receive a subsequent conversion skin test; the effectiveness of the vaccine used is shown by the satisfactory conversion rate of 99·9 per cent. The conversion rate has been at least at this level every year since 1954 when the scheme was started.

All positive reactors are offered a chest X-ray at a Chest Clinic. Of the 1,426 new positive reactors, 1,005 were X-rayed. The results were as follows:—

No tuberculous lesions	...	...	...	...	...	...	...	805
Miscellaneous and inactive tuberculous lesions	...	...	...	...	...	...	...	195
Active tuberculous lesions	...	...	...	...	...	...	...	5

The investigation of contacts of known cases or suspected cases of tuberculosis in schools is an important aspect of our work in the prevention of tuberculosis, and this was again carried out by Dr. R. Burns. 33 surveys were carried out and of 455 contacts who were skin tested, 23 had positive reactions. These 23 positive reactors were X-rayed and no evidence of tuberculous infection was revealed.

During the year four Student Training Colleges were visited for B.C.G. vaccination and 122 students were Heaf tested. Of these, 69 were positive and 50 negative. The latter group all received B.C.G. vaccination.

MISCELLANEOUS ITEMS

Immunisation and Vaccination

The arrangements made in previous years for the inoculation against diphtheria of children attending schools were continued. Visits were paid to 76 schools at which 1,070 initial and 1,521 reinforcing injections against diphtheria were given; 736 initial and 848 reinforcing injections against whooping-cough and 434 initial and 80 reinforcing anti-tetanus injections were also given. In addition, a number of children of school age were inoculated at the various immunisation clinics held throughout the City. The inoculation of children is also being carried out by the family doctors. The percentage of children aged 5-15 years inoculated at the end of 1961 was 97 per cent.

The percentage of children unvaccinated against smallpox amongst those examined at the periodic examination in 1961 was 52·5 per cent.

When medical inspection of school children was inaugurated in 1909 the percentage of unvaccinated children was 6·1. From then onwards a progressive increase in the percentage of unvaccinated children took place until 1945 when for the following two years some improvement was noticed. This year the percentage of unvaccinated children is the highest recorded.

The percentages of unvaccinated children for the years under consideration were:—

In 1909 the percentage was 6·1			
„ 1915	„	„	7·1
„ 1920	„	„	not available
„ 1925	„	„	16·3
„ 1930	„	„	19·1
„ 1935	„	„	22·7
„ 1940	„	„	23·4
„ 1945	„	„	31·0
„ 1950	„	„	34·8
„ 1951	„	„	35·3
„ 1952	„	„	not available
„ 1953	„	„	37·0
„ 1954	„	„	41·2
„ 1955	„	„	41·9
„ 1956	„	„	43·9
„ 1957	„	„	46·1
„ 1958	„	„	45·9
„ 1959	„	„	49·3
„ 1960	„	„	48·4
„ 1961	„	„	52·5

Defects Amongst School Entrants

The school medical officers during their first examination of nursery and infant children keep a record of those defects which are either not known to the parent or, if known, have not been treated.

During the year under review this investigation continued and covered a total of 10,251 entrants to infant and nursery schools, 1,533 such defects being discovered. Many of the defects were of a minor degree and others of such a nature, for instance, 281 of defective vision, that it was not surprising that they had not been previously noted. On the other hand, numbers of relatively important disabilities were discovered such as squint, 139; otitis media, 36; hernia 27; and flat foot, 132.

Children and Young Persons Act

In accordance with the provisions of the Children and Young Persons Act, 1933, medical reports for the information of the Magistrates in the Juvenile Courts at Liverpool and elsewhere, were submitted in 2,960 cases.

The Magistrates asked for special medical examinations to be carried out by the Education Authority in 90 cases for the following reasons :—

Ascertainment of mental ability	...	...	...	7
Ascertainment of maladjustment	...	...	...	77
Ascertainment of physical condition	...	...	...	6
				<hr/>
				90
				<hr/>

Candidates for Admission to Teachers' Training Colleges

In March, 1952, the Ministry of Education placed the responsibility upon the School Health Services of Local Education Authorities for the examination of candidates for admission to teachers' training colleges.

During the year 316 candidates were examined by school medical officers and their X-ray examinations were carried out at the Mass Radiography Unit in Liverpool.

Six candidates were referred to a consultant for an additional opinion before the final decision was made as to their suitability and two were found to be unfit for training. Appeals were made to the Ministry on behalf of the two candidates, but the Minister upheld the decision of the medical officer as a reasonable one.

Chest X-ray Examinations of Teachers

The Education Committee require all teachers entering their Service from other authorities to have a chest X-ray examination as a condition of their appointment. Where the teacher has already satisfied the Minister of his health and physical capacity for teaching, a further medical examination is not required. The Liverpool Mass Radiography Centre X-rayed 236 such teachers during 1961, and principal school medical officers of the other authorities arranged for the X-ray, at our request, of 21 teachers residing in their areas. Satisfactory reports were received in all cases.

Chest X-ray Examination of Meals Staff

The Education Committee require the staff of the Schools Meals Service, who come into contact with school children, to have a chest X-ray examination as a condition of their appointment. 558 were X-rayed during 1961 by the Mass Radiography Unit and satisfactory reports were received.

School Premises

The City Architect reports the completion of the following work during the current year:—

Calder High School for Girls...	...	...	Gymnasium and laboratory block.
Hillfoot Hey High School for Boys	...	...	Sports Pavilion.
Rathbone County Primary School	...	...	Alterations to classroom and minor toilet improvements.
Chatham Place Nursery	...	...	Alterations and additional toilet facilities.
School Playing Fields, Speke	...	...	Changing accommodation.
Queensland Day Special School for Educationally Sub-Normal Boys	...	...	New classrooms and toilet.
Holt High School for Boys	...	...	Kitchen extension.
Wellesbourne Road County Primary School			New dining hall and kitchen.
Thomas Lane Playing Fields	...	...	Changing accommodation.
Fazakerley Day Open-Air School	...	...	Medical inspection and treatment rooms.
Bankfield Secondary School	...	...	Changing accommodation.
Prince Rupert Secondary School	...	...	Gymnasium with showers.
Fazakerley Secondary School...	...	...	Gymnasium and kitchen extension.
Convent of Mercy High School for Girls	...		Extension to kitchen.
Ellergreen High School (mixed)	...	...	Extension and alterations to kitchen.
New Heys High School for Girls	...	...	Changing rooms and showers.
Grove Mount Playing Field	...	...	Changing accommodation.
Yew Tree Lane Playing Field...	...	...	Games Pavilion
Gilmour County Primary School, Danefield Road	...	...	Extension to kitchen.
Dovedale Road County Primary School:	...		New kitchen.
Northumberland Day School for Educationally Sub-Normal Pupils	...	...	Additional classrooms and toilet.

NURSERY SCHOOLS AND CLASSES

Miss M. Snoddon, the Superintendent School Nurse, reports:—

“The school nurses continue to pay regular visits to Nursery Schools and Classes. They watch for defects and any deviation from the normal which might require treatment. They are available to advise on any behaviour problems, and work in close co-operation with the head teachers and the parents.

“This age group is usually well cared for, but in the few exceptions where there is neglect or inadequate care the parents usually accept advice readily. There is no doubt that Nursery training is of real value to children of pre-school age. They gain confidence, it improves their mental and physical health, and they develop good habits of health and hygiene.

“There is always a long waiting list for all Nursery Schools and Classes in all districts.”

A school nurse comments:—

“In one district, where one would think they were almost essential, due to busy streets, flat dwellings and large families, there is a great lack of Nursery Schools and Day Nurseries. The existing ones are such a long distance away and they have long waiting lists.

“One is often told by a mother that her toddlers are kept in until she can get the time to go out with them, because she cannot keep an eye on them from a high landing flat as well as deal with housework and younger ones; failing this there are the parents who let them wander around busy streets.

“This is probably a problem peculiar to our district due to the mostly flat dwellings.”

HANDICAPPED PUPILS

Blind Pupils

Liverpool blind children are accommodated in various schools as shown in the table below, since no special school is maintained by the Authority:—

Wavertree School for the Blind	...	...	...	...	9
St. Vincent's R.C. School for the Blind, West Derby	...				9
Sunshine Homes	...	...	...	...	1
Henshaw's School for the Blind, Manchester	...				5
Condoover Hall School for Blind Children with other handicaps					1
Royal Normal College, Rowton Castle, near Shrewsbury...					1
Chorleywood College for Blind Girls	...	...	...		1
					<hr/> 27 <hr/>

Partially Sighted

There are now 65 children in the Holmrook School for Partially Sighted Children, and two children in Exhall Grange Residential School, Grammar School Section, Warwickshire. (See also p. 70.)

Deaf and Partially Deaf

At the end of the year 1961 there were 121 deaf pupils and 59 partially deaf pupils attending Crown Street School for the Deaf, of whom 109 deaf and 28 partially deaf were Liverpool children. There were also two deaf children attending voluntary schools for the deaf.

There were also 118 children with some hearing defect in ordinary or other types of special schools. Of this number 81 were equipped with hearing aids, 59 in ordinary schools and 22 in other special schools. 70 children attended lip reading and hearing instruction classes conducted by teachers from the School for the Deaf at six centres throughout the City. In addition to lip reading instruction they are given training in the use of their hearing aids and in the use of their residual hearing and close touch is maintained with the teachers at their schools. (See also p. 73.)

Epileptic Pupils

The Authority has no residential school for epileptic pupils. The 14 epileptic pupils at the end of the year were placed as follows:—

Colthurst School for Epileptics	...	...	...	...	6
Lingfield Hospital School	...	...	...	...	3
Maghull Home for Epileptics...	...	...	...	...	2
Awaiting admission to Epileptic School	...	...	...	...	3
					<hr/>
					14
(Seven of these children were newly ascertained during the year).					<hr/>

Delicate Pupils

During the year 109 children were recommended for admission to day open-air schools and 30 for admission to residential open-air schools. At the end of the year the number of children on the roll of each of the two day open-air schools were as follows:—

Fazakerley Open-Air School	...	...	...	...	263
Underlea Open-Air School	...	...	...	...	201

(See also p. 74.)

Physically Handicapped Pupils

During the year 36 children were recommended for admission to day schools and eight children were recommended for admission to residential schools for physically handicapped pupils. At the end of the year the number of children on the rolls of the schools for physically handicapped pupils was as follows:—

Residential Schools

Children's Rest School of Recovery	...	...	...	...	50
Abbot's Lea School	...	...	...	...	70
Bradstock Lockett Special School and Hospital	...	...	...	...	1
Halliwick School for Physically Handicapped Children	1

Day School.

Sandfield Park School	210
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(See also p. 76.)

Home Teaching

Home teaching continued to be provided for children who, by virtue of their physical handicaps, or because of exclusion from school on account of behaviour difficulties, could not attend school.

During the year a total of 45 children received home teaching for periods varying from two to three months, to the whole year.

13 children who received home teaching prior to 1961 continued to do so throughout the year, three suffering from spinal conditions, three from muscular dystrophy, three from serious heart conditions, two who were under psychiatric treatment, and three others with serious physical defects.

10 children receiving home teaching at the beginning of the year were discharged during 1961, together with six of the 19 new cases placed on home teaching during the year. Of the children discharged eight returned to ordinary schools, four were admitted to the Sandfield Park School for Physically Handicapped Pupils, two to residential schools for epileptic pupils, two to residential schools for physically handicapped pupils, and three attained the special schools leaving age of 16 years.

Pupils Suffering from Cerebral Palsy

In addition to the 18 Liverpool cases of cerebral palsy resident at Greenbank, there were 307 cases of cerebral palsy in Liverpool among children between the ages of 2 and 16, as follows:—

Attending ordinary schools	...	...	...	...	...	74
Attending Selective Secondary Schools	...	...	...	...	...	6
In other special schools—						
Day School for Educationally Sub-normal Pupils	...	...	...	...	...	42
Day School for Physically Handicapped Pupils	...	...	...	...	...	63
School for the Deaf	...	...	...	...	...	2
Residential Special School for the Deaf	...	...	...	...	...	1
Day Open-Air School	...	...	...	...	...	4
Residential Open-Air School	...	...	...	...	...	4
Holmrook Partially Sighted School	...	...	...	...	...	3
Sandfield Park Nursery	...	...	...	...	...	16
Private Schools	...	...	...	...	...	2
Residential Educationally Sub-Normal/Physically Handicapped School, out of the City	...	...	...	...	...	2
Not attending school—						
Home-teaching	...	...	...	...	...	2
Under Age...	...	...	...	...	...	19
Notified to Local Health Authority as unsuitable for education at school	...	...	...	...	...	67

Educationally Sub-Normal Pupils

The Authority has five residential schools for educationally sub-normal pupils with accommodation as follows:—

Crookhey Hall, near Lancaster, for Senior Boys	...	...	...	72
The Woodlands School, Deganwy, for Boys	...	...	...	60
Thingwall, Broadgreen, for Girls	...	...	...	40
Oakfield, Gateacre, for Girls	...	...	...	30
Beechwood, Aigburth, for Girls	...	...	...	60

The Authority also maintain five educationally sub-normal pupils at:—

Pontville Roman Catholic Special School	...	...	...	2
Park Day Special School, Blackpool	...	...	...	1
Claremount Day Special School, Wallasey	...	...	...	1
Ronald House Day Special School, Crosby	...	...	...	1

There are 17 day special schools for educationally sub-normal pupils with accommodation for 2,013 pupils. The schools are Beechwood, Brookside, Clubmoor, Dingle Lane, Kepler, Kilrea, Frinsted, Margaret Beavan, Nelson, Northumberland, Oakfield, Queensland, Richmond, Sandon, Springfield, Stoneycroft and Thingwall. (See also p. 81.)

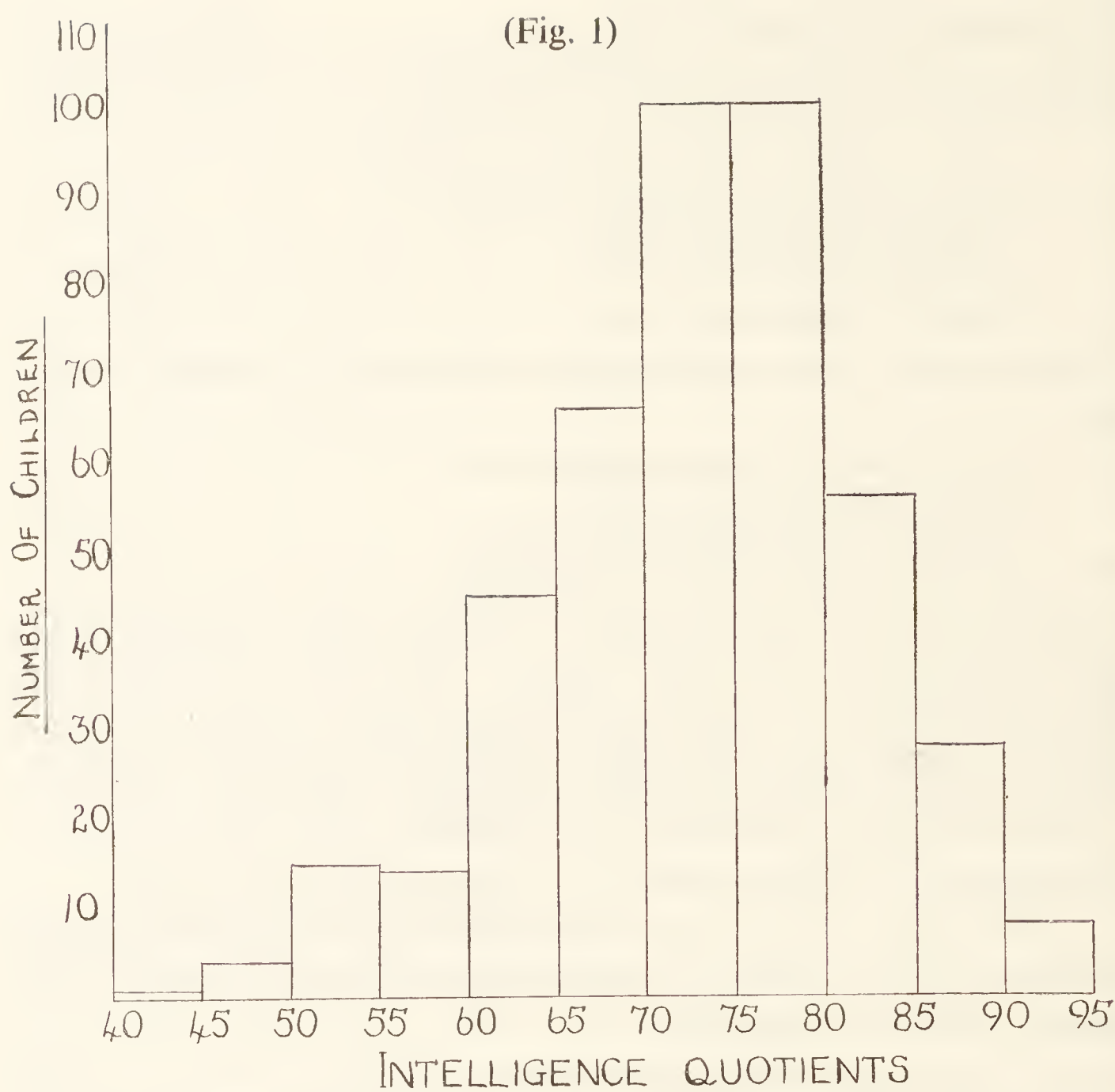
Examination of Children Referred as Educationally Sub-Normal

The results of the examinations made by the approved medical officers of children referred for ascertainment as being educationally sub-normal pupils are as follows:—

Number of educationally sub-normal examinations carried out	...	...	...	1,035
Children recommended for admission to day schools for educationally sub-normal pupils	...	...	...	402
Children recommended for admission to residential schools for educationally sub-normal pupils	...	...	...	35
Children recommended to remain at ordinary schools	...	...	...	424
(208 of these children were referred to the Child Guidance Centre for remedial teaching.)				
Children recommended for referral to the Local Health Authority.				
(a) for supervision on leaving school	...	...	...	79
(b) as unsuitable for education at school—Section 57 of the Education Act, 1944	...	...	...	95

The Intelligence Level of Educationally Sub-Normal Pupils

The distribution of intelligence quotients of the 437 children recommended for education as educationally sub-normal pupils is shown upon the accompanying diagram (Fig. 1). The percentage of children with higher intelligence quotients is much the same as that for the previous year. Taking a quotient of 75 as a dividing point, 192 (43·9 per cent) are above this figure.



There are eight children with intelligence quotients above 90, of whom five had a trial of remedial teaching but failed to co-operate, and the remaining three were over 12 years of age and were very seriously retarded.

Of the 28 children with quotients of 85 to 90, 13 were illiterate, seven had attainments in reading at the five-year level and five at the six-year level only. Of these latter, four children were aged over 10 years and the remaining child—aged 8 years 8 months—had no arithmetical attainment whatsoever. Of the remaining three children, one had a trial of remedial teaching and one had a reading age of only 7·1 years at an actual age of nearly 11 years. This boy's reading ability had remained stationary at this level for the previous year. The other child was reviewed later in the year as she had been given special help and, as there had been an improvement in her attainments, she was recommended to remain at an ordinary school.

There were 56 children with quotients between 80 and 85 and of these only 5 had any appreciable attainment. The following table shows the attainment levels of the children in this quotient group.

No. of children	Attainment level
16	nil
17	4 years
16	5 years
2	6 years
3	7 years
1	8 years
1	9 years
<hr/>	
Total 56	
<hr/>	

The child with a reading age of 8 years was reviewed a year later and de-ascertained. The child with a reading age of 9 years was a delicate child who remained at the day special school for only a few months when she was returned to an ordinary school.

In the joint largest group, i.e. the children with quotients between 75 and 80, the following table shows their attainment levels:—

No. of children	Attainment level
26	nil
20	4 years
26	5 years
15	6 years
6	7 years
7	8 years
<hr/>	
Total 100	
<hr/>	

The seven children in this group with attainments at the 8 year level represented special difficulties. One had a speech defect which it was considered was aggravated by his educational difficulties; the other children had behaviour problems which were thought to be related to their lack of progress and consequent feelings of inferiority at their ordinary schools.

Maladjusted Pupils

There is accommodation for 30 boys in the Aymestrey Court Residential School for Maladjusted Boys. There were also 10 Liverpool boys and one Liverpool girl in voluntary schools for maladjusted pupils at the end of 1961. During the course of the year there were 16 new admissions to the Aymestrey Court School and 16 discharges. There were two new admissions to out-of-City schools and three discharges.

During the year 18 children were ascertained as maladjusted pupils and were recommended for admission to residential schools. (See also p. 95.)

Head Teachers' and Medical Officers' Reports

With the continued expansion in the number of special schools the point has been reached when it is no longer possible to quote head teachers' reports in full. Highlights from these reports have been extracted and are quoted below.

Miss A. T. Cameron, Head Mistress of the Holmrook School for Partially Sighted Children, reports:—

“There were eight admissions to the infant class, two transfers to normal schools, two children who left to emigrate with their parents to Australia, one boy sent to Henshaw's School for the Blind, one boy who had to go to the Maghull Home for Epileptics and four children who left to start work.

“We have also had one change of staff.

“The attendance record has been very good indeed. On several days we had 100 per cent and mostly, except in very bad weather conditions, we have had well over 90 per cent. A number of children miss the special school bus but the older ones, in that case, usually walk to school. It is the younger children who miss a whole day for this reason.

“Illnesses, according to medical notes received, were chiefly coryza, bronchitis and influenza.

“With one exception, which was outside our control for a time, cleanliness in the school has been of an excellent standard.

“There was a dental inspection in school in May at which it was found that 34 children required treatment. Most of the fillings and extractions have been done at the local clinic in the ensuing months.

“Since we were given the use of a 'bus to take the children to the baths once a week, the number of regular attenders for swimming lessons has risen to 34 out of a possible 48. Seven children have won Primary certificates and five have passed the Intermediate standard.

“In September, when the primary school began to use their new dining room and kitchen, we at last obtained the exclusive use of one of the other school halls. This has made a great difference to our activities and organisation. Food from the kitchen, too, is much better coming direct to the dining tables.

“In addition to the usual special schools’ functions in which we take part, the senior boys spent a very successful and happy week at Colomendy Camp School. We experimented with the making of a short film. As well as providing a stimulus to art and English lessons, the film required other backgrounds than the school building, and useful social contacts were made with St. Swithin’s School. We also had permission to use part of Croxteth Woods, which was both healthy and a lesson on how to behave in the country. The proceeds of our Harvest Festival Service were distributed among 12 elderly people from the David Lewis Old People’s Club. The Open-Day and Christmas Plays were well attended and enjoyed by parents. Our school nurse maintains a most valuable and close liaison with the homes of children residing in Liverpool, so that even those who cannot come to school functions are aware of our aims.

“Dr. Black made his usual visits in July and December to review the children and agreed with us that most children were making satisfactory progress.

“We have a wide range of handicaps beside the primary one of partial sight. The staff, school nurse, Juvenile Employment Bureau, our good friends in the Margaret Beavan School, Fazakerley Open-Air School and the School Health Service, are to be congratulated for their hard work and continuously willing co-operation in trying to give our scholars, past and present, the maximum possible amount of help and encouragement.”

Dr. A. M. Brown, the Senior School Medical Officer, who supervises the partially-sighted children, reports:—

“A comparison of the causes of blindness in Liverpool school children was made between the years 1936 and 1956 and in the table below the year 1961 is compared with these two:—

Blind Children				1936	1956	1961
Retrolental Fibroplasia	...			—	17	16
Optic Atrophy	...	...	...	6	9	9
Congenital Cataract	...	...	...	6	4	3
Glioma	...	...	...	2	2	1
Congenital Nystagmus	...	...	...	3	3	1
Myopia with detachment	...	...	...	1	—	1
Macular Degeneration	...	...	...	1	3	2
Retinitis Pigmentosa	...	...	...	1	—	—
Corneal Opacity	...	...	...	8	1	—
Interstitial Keratitis	...	...	...	2	—	—
Total				30	39	33

It will be noted that blindness due to the various infections has entirely disappeared. Retrolental Fibroplasia continues to be the commonest cause of blindness but the following table indicating the birth years of the affected children shows that now the cause of this condition is recognised it will, in future, become a rarity.

Year of birth	...	...	...	1950	1951	1952	1953	1954	1956	1959
No. of children	...	...	...	6	3	3	1	1	1	1

In 1956 the causes of partial sightedness for that year were compared with those pertaining in 1936. In the table below a similar survey is made on the causes in 1961 :—

Partially-Sighted Children							1936	1956	1961
Congenital Cataract...	...	...	...	...	...	...	8	7	14
Congenital Nystagmus	...	...	...	...	...	...	3	12	13
Congenital Nystagmus with Myopia	...	...	...	...	...	...	26	12	4
Congenital Nystagmus with Albinism	...	...	...	...	...	...	1	11	12
Hereditary Macular Degeneration	...	...	...	...	...	...	8	4	8
Hereditary Retinitis Pigmentosa	...	...	...	...	...	...	1	1	—
Optic Atrophy	...	...	...	...	...	...	3	8	9
High Myopia...	...	...	...	...	...	...	25	7	—
Corneal Opacity	...	...	...	...	...	...	11	1	—
Interstitial Keratitis	...	...	...	...	...	...	4	—	—
Ophthalmia Neonatorum	...	...	...	...	...	...	3	—	—
Retrolental Fibroplasia	...	...	...	...	...	...	—	—	3
Toxoplasmosis	...	...	...	...	...	...	—	—	1
Total ...							93	63	64

The considerable increase in the number of children with congenital cataracts probably reflects the decreasing death rate of premature infants amongst whom there is a relatively high rate of congenital abnormalities. The increase in the number of cases due to optic atrophy appears, from the case records, to be due to the fact that children suffering from meningitis, particularly that due to the tubercle bacillus, do not die but are still often left with neurological sequellae. Infections of the eye and venereal disease do not appear amongst the causes of defective vision.

The reduction in total number of partially-sighted children is accounted for by the disappearance from this category of handicapped pupils of simple high myopia. These pupils now attend ordinary schools.

Mr. N. Newport, Head Master of the School for the Deaf, reports:—

“Last year a very full report on the wide range of activities carried out at the School for the Deaf and Partially Deaf was given and during 1961 consolidation and development continued. The Assessment Clinic functioning on Wednesday mornings has now transferred to Thursday of each week. Mr. Pracy, the Consultant Otologist to the Authority, has taken over responsibility from Mr. Tumarkin and joins the Senior School Medical Officer and I at the weekly sessions. Several children, some on the roll of the school, visiting the Clinic, have been referred to hospitals for operative treatment; others have been accepted for conditioning for response, pre-school and auditory training. A few children visit only occasionally so that records of their speech can be made with a view to ascertaining their progress in speech.

“The Hearing Centres in various part of the City, in the care of teachers from the School for the Deaf, have continued to follow the progress of deaf children integrating into normal schools, and certain pupils have been referred for review and further consideration regarding suitability of placement.

“A few children have been issued with an experimental type Medresco Transistor Aid which cuts out some of the lower frequencies in the sound range and regular recordings of their speech are being taken. The experiment is being made to see if a modified aid can compensate to some extent for uneven patterns of reception and help to cut down loud noises. Certain pupils have considerable hearing outside the speech range and amplification in this area tends to interfere with sound reception in the critical area of response for speech. Damping this at the source could, in theory, add to the clarity needed in the vital area and result in the child producing a more normal pattern of intonation and articulation.

“The nursery department has two classes, one for the profoundly deaf and one for those with some little hearing which can be exploited by intense auditory training on modern instruments.

“From the infants upwards the streaming of pupils continues in those categories, Grade III, Grade IIIA and Grade IIB. Grade III are the profoundly deaf children, IIIA are severely deaf children who have some discriminatory hearing for vowels but who do not hear consonants, and

IIB are the partially deaf. Among the IIB are children who have developed severe deafness after speech and language have been acquired normally.

"In the summer a group of children went to the White City to compete in the sports organised by the North-Western Deaf Children's Society, Manchester.

"The annual school camp at Colomendy was popular and all the resident children and staff were accommodated.

"At Christmas some of the children performed a Nativity Play and parents were invited to a special performance in the hall which was gay with seasonal decoration."

Mr. McMenamin, Head Master of the Underlea Day Open-Air School, reports:—

"The opening of two new classrooms at the beginning of the summer term increased the accommodation of the school by 60 places. Re-organisation affecting several Liverpool special schools increased the area covered by Underlea School; this is now the whole of the City area south of a line from Dovecot to the Pier Head. Some changes in internal organisation have also been necessary. Nevertheless, the general picture of the school remains very similar to last year: that is, the majority of the pupils suffer from chest complaints—asthma, bronchiectasis, and bronchitis—and the remainder from debility and miscellaneous maladies. There has been an increase in the number of pupils with heart maladies. These now number nine, four of whom have had successful operational treatment. Two deaf children have been admitted as an experiment with a view to integration with children with normal faculties.

"Approximately one out of every four pupils on the rolls at the beginning of the year left during the year. The majority of these were found to be physically fit for normal school life; three only left at the age limit; and 12 were transferred to other types of special school. Two boys were successful in the 11+ examination and are now coping successfully with work at grammar schools, and one girl was successful in the entrance examination for the Mabel Fletcher Technical College.

"Attendance averaged 78·8 per cent of the number on roll, which is slightly lower than usual.

"A full dental inspection was carried out and the necessary work was performed during the early part of the year. The general condition of

the children regarding cleanliness was relatively satisfactory, only 18 pupils had head vermin and the degree of infestation was not serious. Many children, even those with good home facilities, have dirty feet. My impression regarding clothing was that there were fewer children inadequately clothed than in previous years, but in severe weather comparatively few possess the necessary extra footwear and clothing. This was the cause of many absences. The quality of footwear, generally, is very poor.

“During the winter months it is common for many of the children to stay in bed until mid-day or later at weekends, the reason being that there is simply no room in the apartment for the normal indoor occupations of children. In the school there are 31 cases of poor housing and of these, seven are very bad. For these, open-air schools and medical treatment are mere palliatives to a serious social condition.

“Notable and more pleasant events of the year were the hanging of an oil painting of the grounds and school; and the Christmas celebrations. The painting was commissioned to be painted by Mr. Jonathon Griffith, a well-known Liverpool artist and former pupil of the Margaret Beavan School, and is a worthy piece of landscape work. The Christmas celebrations this year were rather more ambitious than usual. A full three-act pantomime was performed on two evenings to audiences of parents and friends of the school, and was most enjoyable. An appreciative and spontaneous subscription of nearly £10 was given by the audiences towards the ‘Actors’ Do’, which will take place in January. A week later the senior school had a memorable evening party at the school, notable for the perfect deportment of the young ladies and gentlemen. A junior party was held in school-time on the last day of term.

“Building operations on the new wing were completed early in the year and it was in full use after the Easter Holiday. The greatest asset, however, has been the opening of a new school library. This is open twice daily for borrowers; there is one period weekly for each class to use the reference library for personal projects; and during the mid-day period it is well used for leisure time reading. The difference this has made to reading and general knowledge attainments is already perceptible.

“In general, the year has been one of satisfactory progress, quite apart from the material expansion which has taken place.”

Physically Handicapped Children (Day Schools)

Special provision for physically handicapped children's education was first made in Liverpool in 1900, 14 years before such action was made compulsory under an Act of Parliament, by the opening of the Shaw Street Special School.

The opening of the Dingle Lane Special School followed in 1905, Whitefield Road in 1906 and Orwell Road in 1909.

The Margaret Beavan School opened in 1931 and the provision of day schooling for all physically handicapped children was then divided between this school and the Dingle Lane School until 1961, when it was decided to bring all this group of pupils together at a new school in Sandfield Park.

The school was designed to accommodate 200 children between the ages of five years and 16 years and, in addition, a separate nursery unit for 20 infants suffering from cerebral palsy, with an age range of approximately three to five years, was included.

The main school building, all on a single floor, consists of a multi-purpose hall serving for assembly, gymnasium and dining, 10 classrooms and two practical rooms. All these have acoustically treated ceilings which reduce the noise level to a remarkable extent.

A physiotherapy treatment room and a medical inspection suite are also included, as members of the physiotherapy staff and the nurse visit the school daily, and the school medical officer spends one whole session a week there.

The nursery unit of two classrooms is a self-contained unit, also on one floor and again acoustically treated. The reduction of noise so accomplished greatly reduces fatigue in children, teachers and attendants, and allows greater concentration in this very easily distracted type of pupil.

The whole building is designed to be free of steps, and doors are wide so that wheel chairs can be easily manoeuvred. Part of the school yard is devoted to a 'bus terminal.

The provision of a multi-purpose hall was made on the grounds of economy but we now advocate the maximum possible amount of physical education for even severely handicapped children and this is of such benefit to them that a separate gymnasium would be a great

advantage as it has become difficult to fit all the activities into one room. Much time is consumed in the changing of the equipment in the room from one function to another.

Swimming is an activity which can be enjoyed by many, very handicapped, pupils and the provision of a swimming bath at this school would allow a much fuller use of this very valuable therapeutic exercise.

Many of the children in this school have, because of periods in hospital or illness at home, missed long intervals of schooling and are thus academically retarded: special remedial teaching would be a great help to them but would require the provision of an extra classroom as at present all accommodation is in full use.

Mrs. K. M. Fairhurst, Head Mistress of the Sandfield Park School, reports:—

“Sandfield Park School opened in January, 1961, with 91 children on roll in the main building and 12 children in the nursery. On the 23rd January, physically handicapped children from the Margaret Beavan School were admitted, making 175 on roll. After Easter the remaining 25 physically handicapped children from the Margaret Beavan School were admitted. There were then 20 children in the nursery which is for cerebral palsy cases.

“Although the site at present is rather small more land adjoining the premises has been bought by the Local Authority. When this has been fenced and made suitable for use the surroundings and playing area will be most attractive. The children are deriving great benefit from the grass, the trees, the pond, the birds and the pleasant outlook from the classrooms.

“The school was officially opened on the 4th May by Group Captain Douglas Bader, C.B.E., D.S.O., D.F.C. Before the ceremony he talked informally to groups of children and was a source of inspiration. After the ceremony the visitors had the opportunity of looking round the school.

“The physical education apparatus fixed in the all-purpose hall is proving to be a great asset. Children who had previously had no opportunity of using apparatus are now very happy on it and look forward to the lessons. The greatest problem is that much of the movable apparatus is very heavy for teachers to move about, and as the hall is used for many purposes, apparatus is constantly having to be put away or taken out quickly.

"We have been able to obtain special equipment for the very handicapped children to use in housecraft and in pottery to help widen their activities and increase their ability.

"The family meals system has been introduced and the senior children are being extremely helpful in caring for the needs of the younger children.

"During the year a number of visits have been organised, e.g., to Liverpool Airport, the Docks, the Liverpool Show, Philharmonic Concerts and to plays given by the English Theatre Players. The Liverpool Motorists' Outing to Southport was again a great success and gave tremendous joy to the children.

"We held a Harvest Festival and the fruit was distributed to homes for old people. Some of the infants were invited to the Northway Infants' School Harvest Festival and the children of that school sent their fruit for our sick children.

"The Christmas period was most eventful. We held a Carol Concert to which parents were invited. A school choir has now been formed.

"The infants were invited to the Queen Mary High School and the juniors to the Ellergreen High School for lovely Christmas parties which will long be remembered. We are very grateful for these associations with other schools and for the wonderful kindness shown to our handicapped youngsters.

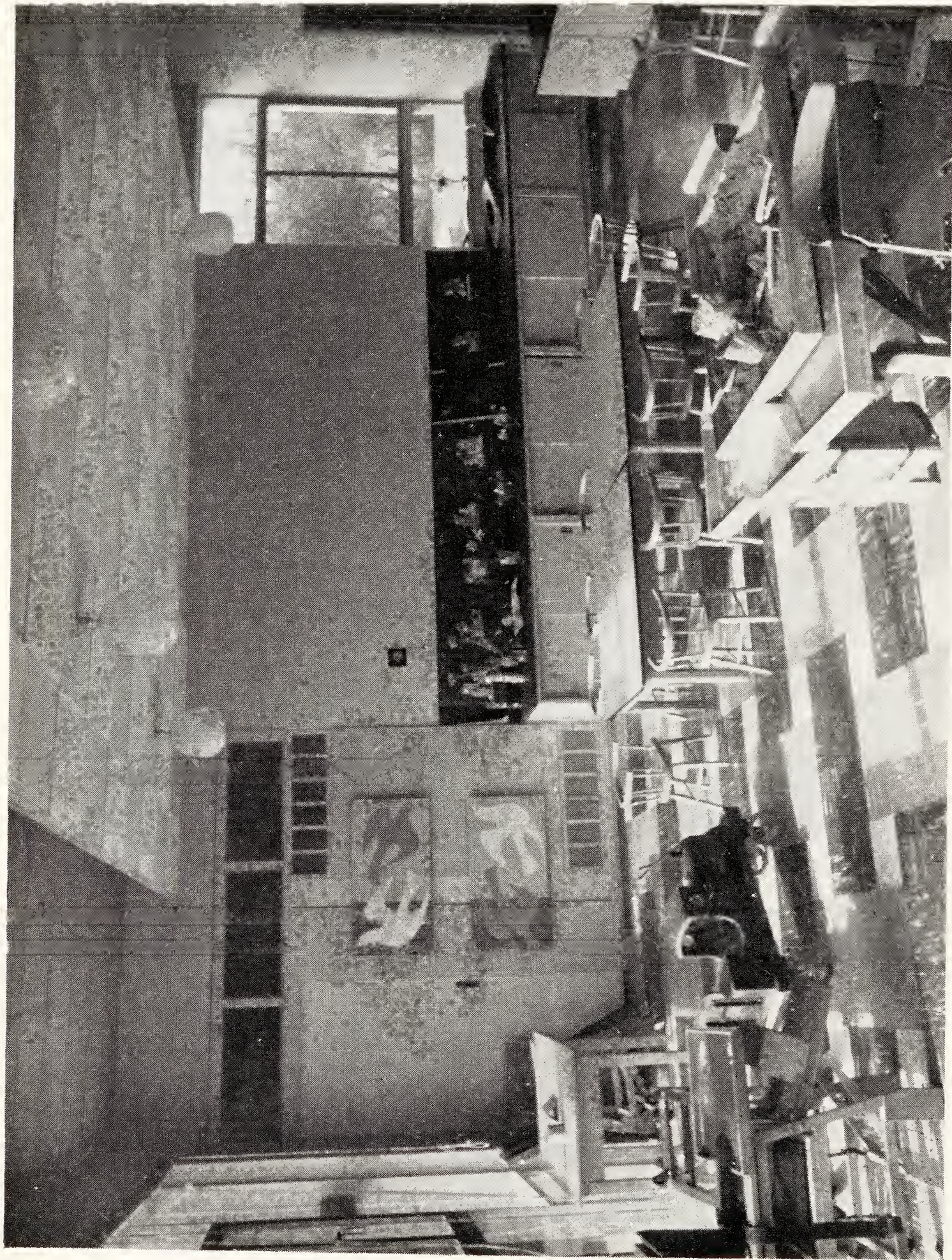
"The firm of Wetheralls collected and arranged toys around their Christmas tree and sent them in hampers to our children.

"A school party was provided by the Sports and Social Club of N.A.L.G.O. after which many of the children were taken home by members of the Motoring Section. Space does not permit us to report the detailed organisation which made all these events so very successful, but the joy expressed on the children's faces gave great satisfaction to all who had worked so hard in the preparation.

"During the year 19 children were regarded as fit and went back to ordinary schools, eight left for employment, three were transferred to other special schools, three left the City, three were put on home teaching, one (from the Margaret Beavan School) passed the 11+ examination and one (from the Dingle Lane School) passed an entrance examination for the Anfield Commercial College. One child died in hospital.



SANDFIELD PARK SCHOOL — View showing Main Entrance



SANDFIELD PARK SCHOOL — Nursery Classroom

“Seven children have transferred from the nursery to the infant department during the year.

“The highest attendance was 89·7 per cent in September, and the lowest 72·2 per cent in December. There have been many weeks when the attendance has been well over 85 per cent. The school nurse has a very wide area to cover for her visits and many children require her care and attention including, of course, the nursery children, so that every minute of the day is filled in order to keep up with the essential and often exacting requirements of all the children. A larger school also means that there is more documentation.

“We have a greater number of very handicapped children than ever before. A number of them have had serious operations and we feel that their bravery and fortitude should not pass unnoticed. Two children have had a new operation for elongation of bones. One has returned to school, walking wonderfully well, and the other child has not yet completed the treatment.

“The health of the children has been very good and there have been no epidemics.”

Physically Handicapped Children (Residential Schools)

Miss H. L. Long, Head Mistress of the Children's Rest School of Recovery, reports:—

“The average number on roll for the year was 48. Of these, 29 were cerebral palsied children.

“A very good standard of general health was maintained throughout the year.

“Owing to the need to improve on the existing fire precautions several changes had to be made causing a certain amount of disruption to the normal running of the school. The more severely handicapped children now sleep downstairs. This necessitated the conversion of a dormitory upstairs into two classrooms, the making of bathroom facilities downstairs and the installation of two chutes.

“Considerable progress has been made in the field of physical education. A gift of £100 at Christmas made it possible for us to have some rope ladders and swarming ropes fitted up in the hall. Additional gifts of money throughout the year have enabled us to increase the amount of

indoor apparatus and we now have a well equipped 'gym'. The enthusiasm the children show for their physical education lessons and the obvious benefit they are deriving from them has made the experiment very worth while.

"The progress that has been made in swimming is also very encouraging. More than half of the children who go to the baths regularly can now swim. Among the swimmers are some of the more severely handicapped children who have to be carried to the edge of the bath.

"Woodwork has also been given a place in the time-table for the senior boys and they are turning out some very creditable work."

Miss C. M. Williams, Head Mistress of the Abbot's Lea School, reports :—

"Our chief complaint is that the weeks are not long enough to fit in all that we would like to do. Individual work in the classrooms has continued steadily. Some of the senior children are hoping that one day they will manage to take G.C.E. examinations in one or two subjects and another hopes to take a pre-nursing course. A few of the juniors are preparing for the 11+ examination, although we are not optimistic about the results this year. Woodwork and handwork are becoming increasingly popular and some excellent models have been produced.

"Swimming, folk dancing, games and films occupy regular weekly sessions. Several matches have been played with other schools and have not only stimulated interest in the seasonal games but have provided valuable contacts with other children and other schools.

"Bon-fire Night, Sports Day, the Folk Dance Festival and the Christmas Concert have attracted many parents and friends and provided opportunities for individual children to show initiative, and develop skills and take part in the various activities of the school with confidence.

"Parents continue to visit fortnightly and most parents take a great interest in their children's welfare and attend Parents' Meetings regularly. There are still just a few homes from which we get no co-operation.

"Many friends of the school have added to our comfort and pleasure during the year. Special mention should be made of the Merseyside Hospitals Council who provided such wonderful Christmas parcels, a film show, prizes for Sports Day and an addition to our climbing apparatus.

"The Annual Outing to Southport was a great success, for which we thank the Liverpool Motorists' Association and particularly Mr. John Moores and his staff, who give so much time and thought to the arrangement of every detail of this wonderful day.

"The staff of Littlewoods continue to show interest throughout the year and have sent us many exciting parcels. The staff of Dunlops, both in Speke and Walton, must also have given much time and thought to the wonderful Christmas gifts they sent up for the children. The Rotarians gave us a most enjoyable afternoon at the pantomime and the sixth-form boys at the West Derby Technical School must be congratulated on the very successful Christmas Party they arranged for the children.

"The health of the children has been good throughout the year, due largely to the care shown by a very conscientious staff. Of the 43 leavers during the year, 28 were fit to return to ordinary schools, one moved to another district, three are on the Reserve Register during a period of observation in hospital, and the others have been transferred to either day schools for physically handicapped pupils or to day open-air schools."

"Educationally Sub-Normal Children (Day Schools)

Mr. J. D. C. Jones, Head Master of the Brookside School, reports:—

"The average number on the roll was 235 with an average attendance of 81·6 per cent. The attendance continues to give concern despite the excellent efforts of the School Attendance Department and the visits of the school nurse. One of the best weekly attendances was the last week of 1961 when 210 out of 240 boys were present and the percentage attendance read 87·4. The school Christmas Party was held on the last day of the term.

"The school is fortunate in its use of the Cottage Homes swimming pool which has meant a considerable saving in travelling time and has enabled all classes to participate.

"This good fortune coincided with the success at the Special Schools' Swimming Gala in July when we managed to tie with Allerton Priory for the shield. Because the Priory had won the shield on the two previous occasions they graciously allowed us to keep it for the whole year.

"The Intelligence Quotient range covered 50 to 94 and as many as 141 boys had a Quotient of more than 70. It is not surprising, therefore, to find that 31 boys were returned to ordinary schools during the year. The two remedial or 'opportunity' classes started some two years ago are proving very successful."

Dr. G. E. McConkey, the School Medical Officer to the Brookside School, reports:—

"The 'opportunity' classes are doing very good work in helping boys who have fallen too far behind to cope with modern secondary school work. The woodwork and handicraft classes are turning out some quite delightful things and the feeling of having created something which is appreciated by other people, helps to restore the boys' confidence. There is a happy atmosphere in the school."

Mr. C. R. Gladwin, Head Master of the Clubmoor School, reports:—

"During the year 47 boys were admitted and 32 boys left the school, of whom four were de-ascertained. These latter children had made very satisfactory progress, particularly during the past year, and their attainments in both reading and arithmetic were up to their mental capacity when they were discharged. In addition, whereas when they were admitted to the special school they were all lacking in self-confidence, at the time of their discharge they were considered to be self-reliant, trustworthy and well able to maintain progress at an ordinary school."

Mr. P. S. Roberts, Head Master of the Dingle Lane School, reports:—

"This school opened as an all-through school for educationally sub-normal boys on the 10th January, 1961, with 30 pupils on roll, and this number was progressively increased until by late May the number of pupils on roll was 112. In September a further intake of 41 pupils brought the school complement to 153.

"Dingle Lane has not functioned long enough for any concrete educational results to be obtained, but the attainment testing in June showed a general upward trend in the basic subjects and that the boys were settling down well in their new environment. This is confirmed by the annual attendance figure of 88·8 per cent, which is satisfactory by most standards and certainly so when we consider the long distances that most of the boys travel. 82 of the boys attending use school transport, 60 travel by public vehicles and two live within walking distance of the school."

Mr. J. S. Danson, Head Master of the Kepler School, reports:—

“This school for 80 educationally sub-normal junior boys with an Intelligence Quotient range from 39 to 94 and a mental age range from 2·5 to 10·1 years, had an attendance figure of 89·7 per cent for the year.

“31 boys were admitted with Intelligence Quotients ranging from 42 to 94. Many appear to be emotionally disturbed and come from homes where there is no proper family life. Some appear to rule their parents and despite their untidy, neglected appearance, always have money in their pockets, even when on the ‘free’ dinner list. Many of them lack any form of intellectual curiosity and are television fanatics.

“The Christmas term saw a most successful experiment. The intake class of 16 with a mental age range from 2·5 to 6·1 years were taken to the baths at the nearby primary school and 13 of the 16 regularly entered the water accompanied by their teacher.”

Dr. W. S. Hall has furnished the following table showing the attainment level of children at the Kepler School:—

Reading Age								
Attainment Level			Below 5 years	5 to 6 years	6 to 7 years	7 to 8 years	8+ years	Total
No. of Pupils	...	...	50	13	10	3	1	77

Arithmetic Age								
Attainment Level			Below 5 years	5 to 6 years	6 to 7 years	7 to 8 years	8+ years	Total
No. of Pupils	...	...	25	14	14	22	2	77

Miss E. Bailey, Head Mistress of the Kilrea School, reports:—

“The year began under conditions of extreme difficulty due to the serious damage done to the building by fire in December, 1960. Classroom and cloakroom accommodation was reduced by 25 per cent. The hall, the only space available in the school for meals, music, physical education, etc., had to be used also as a classroom, and the work of the school was carried on to the accompaniment of the various distractions provided in turn by joiners, electricians, plumbers and painters. The

newly built classroom was in use by the 19th May, and the last workman left on the 20th June. It says much for the ingenuity and forbearance of the staff that the children appeared to suffer very little from this upheaval.

“The scholastic progress has been very steady, if not spectacular. The great majority of the girls are, I feel, rightly placed in a special school, and will need careful individual teaching for the whole of their school lives. It is frequently a cause for regret that at 11 years of age the girls leave us for a senior school, often when the patient teaching of months or even years, is just beginning to show results. Another drawback of this transfer is that the staff are unable to evaluate the long-term results of their methods.

“The problem of the young children of low mentality is an ever-present one, though I understand a solution to this difficulty may be in the offing. This year there have been four children admitted whose mental ages range from 2 years 3 months to 2 years 10 months. It is not easy to cater for such children in a class where at the other end of the scale there are children who are well-trained in social habits and ready for definite teaching in numbers and reading.

“One of the advantages of a small school, however, is that all the teachers know all the children. This helps greatly to produce a happy, homely atmosphere in which the children feel secure. Visitors almost invariably comment on the liveliness and cheerfulness of the children.

“It is, unfortunately, becoming an increasing practice for parents to send their children to school when obviously unfit. In one case recently a girl brought with her a medical certificate stating that she was unfit for school as she was suffering from acute tonsillitis.”

Dr. C. S. Ellams, the School Medical Officer to the Kilrea School, reports :—

“I have no major problems here, the co-operation being excellent, as also is the understanding in this school of the needs of the educationally sub-normal child.

“The standards of cleanliness remain high and the provision of suitable seasonal clothing and footwear continues to be a gratifying feature.”

In respect of the Margaret Beavan School, Dr. Ellams comments as follows :—

“The integration of some 200 educationally sub-normal children into a new school in nine months obviously creates a number of problems. From my point of view the complete lack of personal knowledge of the children on all sides has been one of the biggest troubles. It has, however, been surprising how quickly this, among the other difficulties, has been overcome and the ‘teething stages’ can certainly be said to be now surmounted.”

Mr. G. F. Russell, Head Master of the Nelson School, reports:—

“During the past 12 months the average number on roll has been 78 boys and the average attendance 87 per cent. The majority of the boys come from poor homes and congested areas, and the lack of playing fields and open spaces at the school is a serious handicap for the staff and the children. To overcome this, all the school is taken once a week by special ‘bus to the playing fields at Walton for a complete afternoon of organised games and nature study.”

Mrs. P. Deam, Head Mistress of the Northumberland School reports:—

“The general standard of reading throughout the school was a full year higher than previous yearly averages. Most girls made a full 12 months’ progress, 23 per cent showed two years’ progress and 13 per cent improved by three or more years. Arithmetic has become more comprehensive and is catching up to the reading. Eight girls were returned to ordinary schools. Reports from their new head teachers and their parents fully justify their transfer. 19 girls left school and were fortunately all placed in immediate employment: nine went into needle-work, four into the catering trade and six into factories of various kinds.”

Dr. P. P. Griffith, the School Medical Officer to the Northumberland School, reports:—

“There are 120 pupils attending the school and their ages range from 6 to 16 years. The educational progress, especially in reading, is excellent all-round, but more especially in the age group 9 to 12 years. It is noticeable that greater improvement is obtained in the children who are admitted to the school when they are about 7 to 8 years of age than those who, unfortunately, are 12 to 13 years of age on admission.

“There are now two domestic science centres in the school and the girls show great interest in this side of the work. Also, there is an excellent

swimming pool in which the children take delight. After they have had a few lessons they seem to gain more confidence in themselves and this is reflected in their work and general attitude.”

Dr. W. S. Hall, the School Medical Officer to the Queensland School, reports :—

“As previously, most pupils leaving school at 16 years of age have been notified to the Local Health Authority, usually because of poor general intelligence.

“A few pupils in their final years have made sufficient progress to justify being replaced in ordinary schools. It is hoped that others will be encouraged by their example.”

Dr. Hall has furnished the following table showing the attainment level of children at the Queensland School :—

Reading Age									
Attainment Level	4-5 years	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	10-11 years	11+ years	Total
No. of pupils	6	14	27	14	10	18	2	2	93

Arithmetic Age										
Attainment Level			5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	10-11 years	11 + years	Total
No. of pupils	...	...	2	13	23	30	22	3	—	93

Mr. L. J. McDonald, Head Master of the Sandon School, reports :—

“When writing an annual report one naturally seeks some new aspect of the year to enlarge upon, but the story of 1961 is the same one of environmental problems overshadowing those resulting from limited intelligence.

“It is pleasing to note that the 27 new admissions were younger than in the past, the average age being 8·1 years, but otherwise the pattern was as before. Intelligence Quotients in some cases were higher than one might expect but they were offset by the many problems arising from large families, bad housing conditions, and parents often of low intelligence. In such circumstances the fortnightly visits of the school

medical officer become the busiest mornings of the year. Apart from routine medical inspections, there is always a list of other matters to be discussed and dealt with—spectacles have been lost or broken, ears are ‘running’, heads are infested again, one boy is stealing from his home, another is wandering from home at night, a mother has been summoned to discuss her son’s poor attendance, another has come voluntarily for advice about nocturnal enuresis, or wants help in controlling her boy.

“Increasingly one becomes aware that many parents of educationally sub-normal pupils are needing our help almost as much as their children do, and that the child’s emotional or behaviour difficulties cannot be solved in isolation from his parents. One notices more readiness to seek advice and a growing appreciation of the extra attention that children can be given in special schools. There are frequent expressions of gratitude but few of the parents can express themselves as well as the one who recently wrote: ‘I want to thank you for everything you have done for my son since he has been at this wonderful little school of yours. Both my wife and I thought we would have to get used to the idea of T. being illiterate, but you and your wonderful staff have given us pleasure you may never realise. When T. picks up a paper or comic and reads out quite a lot from it my wife and I look at each other and silently thank God for this great help T. has received from you. Perhaps you will understand how I am trying to thank you and the other teachers who so far have done in a short space of time what I, myself, thought was a hopeless task’.”

Dr. M. C. Andrews, the School Medical Officer to the Sandon School, reports :—

“The head master is to be congratulated on the happy and understanding atmosphere which at all times prevails in the school and which stems from his genuine and sympathetic approach to the problems of his pupils. While all the boys have to contend with the handicap of limited intelligence, the vast majority have added difficulties resulting from physical disabilities, or home environment poor in quality, either materially or emotionally.”

Mrs. I. D. Gee, Head Mistress of the Springfield School, reports :—

“During 1961, the second year since the opening of the school, it has continued to expand and the average number on roll has been 147 pupils, with an average attendance of 81 per cent. The attendance

record of some of the senior girls is disappointing, due, at times, to being kept at home to look after sick mothers and the younger children, and also through doctors' notes attained too easily.

"Progress has continued steadily and, with the introduction of new activities, we are beginning to see the fruits of our work.

"The remedial reading class, where special coaching in reading is given to very retarded girls on entry, has been well worth while as some pupils have gained two years' reading ability in as many terms. Most of them are able to return to their own age group to work with more confidence and happiness after this special tuition. Reading is encouraged with every means, in a small group of about 14 children, with a member of staff who is experienced and sympathetic in the teaching of reading. The school benefits a great deal by this valuable work.

"The staff have dinner with the girls and this keeps the family atmosphere, as well as providing an opportunity for social training.

"If our work is not to be partially lost, I feel we need some assistance from people outside to help with 'after-care'. In some cases a hostel for girls from unhappy homes, and 'after-care' for all, should be available. We try to keep in touch with all leavers but there are always a few we cannot keep contact with."

Mr. W. A. Mawson, Head Master of the Stoneycroft School, reports:—

"The number of scholars on roll has been 137 and throughout the year the attendance has been very good, an average of 88 per cent being maintained. This, considering the distance some of the boys have to travel, speaks well for the interest most parents have in the education of the boys. It is to be regretted, however, that there are still too many short absences, particularly on Fridays and Mondays, and a few parents who keep boys at home without sufficient medical reason.

"It has been most encouraging to find so many boys asking for homework or permission to take home library or other reading books.

"The school has joined in all the various outdoor and physical activities wherever possible. A great interest and enthusiasm was shown in rugby during the Easter term, and it is hoped that more boys will continue to take part.

“The value of a series of visits to factories, etc., in connection with vocational guidance for the leavers’ class has been most evident. Visits this year have been paid to British Enka, Brough Drums, Speke Furniture Factory, Dunlops, Jacobs, Hansons, Co-operative Dairy, and Police Information Room.

“The praiseworthy comments about the behaviour and attitude of our boys has been a great source of pleasure and satisfaction to the boys, giving them confidence and self-esteem which in turn has helped them considerably when they have left to take up employment.

“I am happy to report that all boys leaving in 1961 were found employment and meetings and interviews held at school with the youth employment officer, the school medical officer and I, have been well attended by parents.

“The standard of cleanliness, the 100 per cent support by parents for B.C.G. vaccination, and the almost 100 per cent wearing of spectacles have been other noteworthy features of 1961.”

Educationally Sub-Normal Children (Residential Schools)

“Miss M. F. Shorten, Head Mistress of the Beechwood School, reports:—

“The admission into the residential school during the year of 12 girls under 11 years of age was a source of joy and relief to the staff whose nerves were becoming somewhat frayed as a result of coping with such a large number of adolescent girls. The change has also been welcomed by the older girls who love to ‘mother’ the little ones. Helping with the younger children has become a job so sought after that it has become a privilege granted for good behaviour.

“The highlight of the residential school year came in September with the first of the weekly meetings of ‘St. Cecilia’s Music Box’. ‘Beechwood’ and ‘Beechfield’ each have an hour of music-making organised by Mr. P. F. C. Bailey, Adviser to the Liverpool Youth Music Committee. This experiment has proved a great success. Besides giving the girls the opportunity to appreciate music and to develop any talents they may have, it has already been of considerable benefit in the development of their personality.

“23 of the resident girls, escorted by two members of staff, spent a very enjoyable Autumn mid-term holiday at Colomendy. For most of them

it was their first visit to the countryside and their first sight of mountains. It was certainly a pleasant means of widening their experience.

“Almost all the girls who left school during the year were found employment immediately but, characteristically, some of them drifted from job to job. The majority of girls prefer, and some are only capable of, repetitive jobs in the factories, so it was most interesting and indeed gratifying to receive a visit recently from an ex-resident who has almost completed her training as a State Enrolled Nurse. She spent practically all her childhood at Fazakerley Cottage Homes; she was emotionally unstable and often very troublesome, so it was all the more creditable that she should have achieved so much.”

Mr. D. A. Troilett, Head Master of the Crookhey School, reports:—

“A review of the year 1961 is noteworthy for the large scale turnover of pupils on the school roll. During the year 42 pupils left the school, and the following analysis shows their disposal: five to ordinary schools, 15 to day special schools, two to residential special schools, five were de-ascertained, 11 reached school leaving age, three were sent to an Approved School and one to a Training Centre.

“Of the 15 pupils who left for day special schools in Liverpool many had enjoyed a long stay at Crookhey Hall, and after investigation of the environmental circumstances which brought about their admission here, a decision was reached that they should return to day schools and confidently settle in their home life.

“The 11 school leavers were successfully placed by Miss Leicester, the Youth Employment Officer, in suitable employment and, as far as records shows, are taking their place in life in a useful, industrious manner.

“We continue to receive many visits from ‘Old Boys’—one arrived here at 11 p.m. after a domestic upset and asked for help and advice from ‘the only place he had been happy’. Such praise indeed provided him with a bed for the night! Another arrived in a brand new Morris Minor, bought outright from his farm savings, and left several teachers green with envy.”

Miss I. Cryan, Head Mistress of the Thingwall School, reports:—

“In January, 1961, six boarders were transferred to the Springfield Day School and since then four more have been transferred, making a

total of ten boarders attending the senior school and returning to Thingwall in the evening.

“Parents visit the resident pupils monthly and usually there is a very good attendance. We have friends who come each visiting day to see the children who have no-one to visit them.

“It was arranged that the girls of this school should share the Springfield gymnasium and, accordingly, Friday afternoons were set aside for the use of Classes 1, 2 and 3. Miss Gregory, the Physical Education Teacher, gave every assistance and the work progressed favourably. Grey flannel shorts, white vests and gym-shoes were worn. It was noticed that, with the new approach to physical education and the use of the gymnasium, great enthusiasm was shown by the girls who responded with greater alertness, imagination and bodily control. Photographs were taken of the work in progress and a demonstration was given to head teachers of special schools and, later, assistant teachers.”

Dr. F. S. Quin, the School Medical Officer to the Thingwall School, reports:—

“It would seem that this school might be more settled as a junior school only, or as an all-through school from 5 to 16 years. The transfer to Springfield of children who have at one time been resident and later become day pupils unsettles the senior girls attending Springfield, who are still resident at Thingwall.”

Mr. F. Kerans, the Head Master of the Woodlands School, reports:—

“An advance party moved from the Riverside School, Hightown, to Woodlands on the 10th November, 1960. The party consisted of 15 junior boys, one senior boy, and adequate staff to cater for their needs. Our job was to continue the education of these children and to prepare the school for the final move in December.

“Woodlands is ideally situated, being close to the sea, the mountains, the River Conway, and to Conway and Llandudno. We have excellent playing fields, a swimming pool and a gymnasium. During the past year the staff and boys have made full use of these facilities and there has been a marked improvement in health and social adjustment.

“The Woodlands Mountain Club has made ten expeditions in conditions varying from snow to warm sunshine. Six of the mountains climbed have been over 3,000 feet and have included Snowdon, Tryfan

and the Glyders. The expeditions have been mainly concerned with exploring the mountain area formed by Tryfan, the Glyders and Y Garn so that a six-inch to the mile relief map could be made of the area. The boys in this group have been well trained in the art of map reading. Three boys have succeeded in climbing the Snowdon Horseshoe, and one boy has proved sufficiently competent to lead a party over the Glyders. Our future plans include exploring the Carnedd's and the mountains over Aberfalls.

"A Rock Climbing Section of the Mountaineering Club has been developed. Tryfan can be reached in 45 minutes. During the long summer evenings parties often visited the mountain which is ideal for training budding mountaineers, with climbs of varying difficulty on clean, sound rock. Lessons in rope management, climbing techniques and short training climbs, were given on the mountain. These lessons prefaced the climbing of the Pulpit—a climb classified as moderately difficult. This was the aim of our first year's programme. This sport has proved to be well within the capabilities of some of our more mature boys. Its effect on the development of character, self-reliance and initiative has been most marked.

"It was thought the temporary absence of a workshop would be a serious handicap to our craftwork but time has proved otherwise. In a rather decrepit shed an International Cadet racing dinghy has been built at low cost; an old rowing boat has been converted into a safe, stable, sailing training dinghy and, in addition, two privately owned sailing boats have been reconditioned and refitted. While the more exacting work was carried out by members of staff, much has been done enthusiastically by the boys during lesson time and as an evening activity. There were occasions when accidental or deliberate damage was done, fortunately never irreparable, but these difficulties served to shed light on the behaviour of certain boys. The group reaction to these incidents helped in the social adjustment of the boys concerned.

"A very substantial pig house, built from reclaimed timber, has been completed and now houses two sows who will soon have large families.

Pottery classes have proved popular, so much so that more boys have asked to attend evening classes than can be comfortably accommodated. 30 boys have had some experience on the throwing wheel, but simpler methods combined with bold decoration have produced excellent results.

“During the sailing season the Woodlands Sailing Club boys made full use of the four available boats. One essential qualification for admission to the Club is the ability to swim three lengths of the swimming pool. There was a big increase in the number of boys able to swim this distance, and this was partly due to the keen desire to become a fully fledged member of the Sailing Club. The swimming pool was a most valuable asset and it remained in use for a period of six months. Seven boys learnt sufficient of the art of sailing to become very useful crew members. Two boys became competent helmsmen and can handle a boat without assistance from the staff. The Conway Yacht Club have been good to us and have allowed our helmsmen to participate in their races. We hope to join in many more events during the coming season.

“A Canoe Section of the Sailing Club has been formed. Three canoes are at present being built and will be ready for the coming season. Most of the actual building is being done by the boys.

“At the beginning of the summer term we started livestock keeping when we received a gift of 13 day-old cockerels. These were reared under an electric light bulb enclosed in a tin, without loss. Our stock soon increased by a further gift of 13 cock and pullet chicks. In July we were given a four-month-old gilt and another one was bought. These are now in pig and should farrow in April. Last September we purchased eight sheep and these should have lambs in March.

“By Christmas our poultry stock had built up to over 70 birds, including turkeys, hens, cocks and ducks. After the normal high mortality rate in December we are building the stock up again to a target of 100 layers and 100 table birds.

“The boys have derived benefit in making buildings and equipment out of waste material and now strive for a better finish to their products than they wanted before. Initially there was some unintentional cruelty to the livestock but this is being replaced by an attitude of responsibility for their care.

“The boys have been encouraged to bring pets to the school. Rabbits, guinea-pigs and pigeons have been kept with some success. The older boys have spent many enjoyable hours with their homing pigeons.

“Eight boys are in training to take the First Series in the Duke of Edinburgh's Award. The physical education is geared to bring as many boys as possible to the standards laid down for this award. Also, with

reference to this Award, we are most grateful to Mr. James of the local St. John's Ambulance Brigade for the help he has given in teaching the boys First Aid.

"It is interesting to note that our senior class boys, many being active participants in the Mountaineering and Sailing activities, in one year have shown an average improvement in their reading ages of two years. We believe this to be partly due to the general development in self-reliance and initiative brought about by success in outdoor activities. There is no doubt that these things do much to develop mature attitudes which carry over to other problems in life.

"Five boys were confirmed last March by the Bishop of St. Asaph and brought our number of communicants to eleven. Voluntary attendance at communion is excellent and the congregation of All Saints make us very welcome. Our Catholic boys attend service at the Conway Catholic Church and the priest has visited us regularly to give the boys instruction in their faith.

"Our annual school camp was of three weeks' duration and was held in Anglesey. 15 boys attended and the older boys were able to explore the mountains and to sail the boat we took with us.

"The year has been one of turmoil, change and achievement. It has proved to be a wonderful experience for staff and boys alike. We are most fortunate in possessing staff whose interests are so well suited to this environment. I am most grateful that these interests have been applied, despite the many difficulties which had to be surmounted whilst adapting this school to our needs. Our boys now have the opportunity to enjoy a full and exciting life in a stimulating environment."

Dr. R. Burns, the School Medical Officer to the Woodlands School, reports:—

"I am happy to report that it has been quite a successful year. The children have settled down very well in the new surroundings and it is very pleasant to see how they are responding to the different interests that this school can now provide. During the year all sorts of outside activities have been added. A very great favourite has been the swimming bath. This was in use from February to almost November and several boys have learnt to swim. I am impressed how the improvement from these activities is being carried over to the educational

progress of these children. There still remains quite a lot of building and renovation work to be done. When this is completed, I feel sure that the amenities of this school will be greatly improved."

Maladjusted Pupils (Residential School)

Mr. B. Heaney, Head Master of the Aymestrey Court School, reports:—

"During the year 1961 the school saw 16 admissions and 14 discharges: the average length of stay of those who were discharged was 21 months, and of these six boys stayed for a longer period.

"The physical health of the children has been quite satisfactory. There has been remarkably little illness and this is very good considering the number of comings and goings in the daily life.

"Both teaching and child care staffs have remained unchanged with the exception of the new appointment of one children's attendant. One member of the teaching staff, and another of the child care staff, went on short residential Child Care Courses during the year.

"The school's activities continue to be as diverse as possible and a major improvement was the completion of the play hut. This enables active games to be played after school hours during any weather, a thing previously impossible in the restricted accommodation of the main building. It is also useful in holiday times: the school is in continuous occupation throughout the year.

"Holiday activities for those children remaining at the school were wide-spread: a summer camp again went to the Lake District, and again became waterlogged. Swimming in the rain was a valuable experience in self-reliance and possibly an exercise in survival!

"It states the obvious to say that the more developed the work becomes the bigger the strain it places on the staff. The restricted environs of Aymestrey Court makes physical recreation difficult for boys who are in the main robust and active. A considerable amount of tact and talent is needed to lead and keep such activity in socially acceptable channels: defiant behaviour is more noticeable and arouses adverse comment in the midst of a residential area, although the advantages of being in the children's home city, as against a rural site, more than compensate for this.

“The essentially practical co-operation given by all concerned with the children’s welfare is appreciated, and helps greatly towards the very fair success rate of rehabilitation at Aymestrey Court.”

Dr. M. C. Andrews, the School Medical Officer to the Aymestrey Court School, reports:—

“Case conferences have continued to be held at the beginning and end of each term throughout the year, and have been of great benefit in reviewing the progress of each pupil and making decision on suitable holiday breaks for individual boys.

“For a period of two terms, a weekly evening case conference was held by one of the psychiatrists, along with the teaching and child care staff at the school, and this proved beneficial to all concerned.”

Miss M. Snoddon, the Superintendent of School Nurses, reports:—

“The special school nurses’ work has continued along the same lines.

“From the home visits they are encouraged to provide social reports on the home background and to gain any information which might be helpful in meeting the needs of handicapped children. They also work in close co-operation with the teacher, the school medical officer and the parent.

“During the school holidays they keep under supervision children who might need remedial treatment or practical assistance for a specific handicap, and they follow-up children with hospital appointments, when they default in attendance. In these cases, the ready help given by the hospital almoner is very much appreciated.

“The special school nurses also make an active contribution to the various activities arranged out of hours for the added interest of the children. These include school concerts, summer outings, and other schemes so tirelessly undertaken by the head teachers for the benefit of the children and their parents.

“This is rewarding work, and the special school nurses acquire a special skill for dealing with the various problems they meet in both the homes and the schools.”

Speech Therapy

Mr. W. G. Good, the Senior Speech Therapist, reports:—

“The following figures show the total number of cases treated at the Committee’s Speech Clinics during the year:—

Defect							Boys	Girls	Total
Dyslalia	...	...	...	...	...	...	121	70	191
Stammering	...	...	...	...	...	...	154	40	194
Cleft Palate	...	...	...	...	...	...	5	3	8
Dysarthria	...	...	...	...	...	...	9	5	14
Total ...							289	118	407

223 cases were admitted for treatment and 95 cases were discharged. 51 sessions of ‘screening’ were carried out and 1,204 cases were summoned to the clinics with a view to selection for treatment.

“Miss J. M. Jones and Miss H. M. Allen joined the service in September bringing the number of speech therapists up to four, one short of full establishment. It is hoped to commence speech therapy sessions at Speke Clinic and Sandfield Special School in the coming year.

“To look upon speech merely as a mechanical function would be incorrect for speech is reflective of the intellect and the emotions as well as the physical state of the individual. This is a factor which is not always appreciated by many of the parents of children attending the speech clinics, although these points are stressed to them.

“Most parents take the development of speech and language very much for granted and in many ways, quite understandably, fail to realise how complex is the development of speech. Speech may be defined as ‘the sum total of a child’s social experiences acquired by learned processes involving the intellect and emotions as well as all the physical attributes necessary for articulation’.

“In the treatment of speech defects the therapist must consider all these three factors when planning treatment for the speed at which the child acquires a better standard of speech will depend very largely on these factors. The child from a good environment and with understanding parents undoubtedly progresses far more quickly than the child drawn from a less favourable environment.

“Any anxieties or feelings of insecurity tend to ‘block’ the learning processes and thus lengthen the treatment. It is with this in mind that speech therapists prefer to see the parents or a parent at the clinic periodically so that problems may be discussed.

“Today, with so many mothers going out to work, contact with the parents is often difficult to establish and maintain and this is to be regretted. Whilst school visits are invaluable and give the therapist valuable information, they cannot replace the contact between clinic and parent.

“Faulty home discipline and lack of understanding of children’s problems all tend to have an adverse effect on the progress of a child’s speech development. It is exceedingly difficult to suggest any alternative other than the contact that parents can have by visiting the clinic regularly with their child. Such contact is desirable if the mother is to have a better understanding of the child’s difficulties and of her responsibilities towards her child.”

Medical and Dental Arrangements

The routine medical examinations and the general medical care of the special schools outside Liverpool are carried out by local medical practitioners whilst both specialist and dental treatment are provided either under the local authority’s arrangements, or in a few instances, by special arrangements made in the areas.

All the medical and dental facilities of the School Health Service are available for the special school children. Medical treatment under the Authority’s schemes was carried out as follows:—

Defective Vision	...	...	...	...	...	...	339
Tonsils and Adenoids	...	...	...	...	...	...	27
Aural conditions	...	...	...	...	...	...	24

whilst children suffering from minor ailments were treated at the schools.

The following table shows the work carried out by the dental staff of the School Health Service at the Special Schools:—

TABLE IV

Number of inspection sessions	...	...	...	...	6
Number of treatment sessions	...	...	...	...	32
Total number of sessions	...	...	...	...	38
Number of children inspected	...	...	...	...	658
Number of children requiring treatment	...	...	...	...	414 (62·9%)
Number of children treated	...	...	...	...	313

EMPLOYMENT OF HANDICAPPED YOUNG PEOPLE

Mr. R. E. Jenks, the Superintendent of the Youth Employment Bureau, reports :—

“A special section of the Youth Employment Service is available to cater for the particular needs of those boys and girls in the City who, by reason of a physical or mental handicap, require rather specialised help in selecting their future occupation. Many of the young people concerned have been educated in the City’s Special Schools where much care has been given to the development of their personality and abilities. It is felt, therefore, particularly desirable to avoid an unrealistic choice of occupation which could lead to frustration and discouragement.

“In order to bring to bear on each individual case the combined knowledge of the teacher, doctor and vocational guidance officer it is customary, following a private interview with the child, for the vocational guidance officer to hold a case conference in most Special Schools before final advice is given. The head teacher, school medical officer and youth employment officer take part in this and the parents are also invited to be present. During the year, 23 Special Schools were visited for the purpose of giving guidance, 87 such visits being made.

“A total of 576 young people (341 boys and 235 girls) who are handicapped in various ways were dealt with during the past twelve months in this section of the Bureau. Of these 576 young people, 392 had left direct from Special Schools. Although the remaining 184 had completed their education in ordinary schools, some had previously also been in attendance at Special Schools. Their handicaps varied considerably in type and severity but the largest groups were the following :—

Amputations and limb deformities	...	...	...	...	23
Asthma and Bronchitis	...	...	...	...	55
Blindness and Partial Sight	...	...	...	...	22
Deafness...	...	...	...	...	27
Educational sub-normality	...	...	...	...	296
Epilepsy ...	...	...	...	...	23
Heart weaknesses	...	...	...	...	28

“In addition there were 10 boys and 11 girls who had more than one disability, e.g., a girl with epilepsy and arthritis, and a boy with a heart weakness and kidney disease.

“During the past year the improved employment position made it somewhat easier to secure suitable openings for handicapped boys and girls, although it was not always possible to find the ideally suited job but was sometimes necessary to compromise by accepting the best available in order to avoid protracted unemployment. When this happens the services of the Bureau are always extended to the youngster in seeking a change of work at a later stage if this seems desirable. A weekly ‘open evening’ is held in this section of the Bureau in order to encourage parents and young people to consult the staff on any problems which may arise. In all, 594 vacancies (367 for boys and 227 for girls) were filled by handicapped young people during the year.

“The majority of boys and girls were placed direct into employment, but in a few cases it was first necessary to arrange a preliminary course in an Industrial Rehabilitation Unit or a course of training under the Disabled Persons Scheme. Seven boys and one girl were sent for courses at the residential Industrial Rehabilitation Unit at Egham, Surrey. Three young people had a variety of handicaps including rheumatoid arthritis, spastic paralysis, heart disease and limb injuries. Training courses in shorthand and typewriting were arranged in local Commercial Colleges for four girls, two of them handicapped by asthma, one by epilepsy and one by glandular trouble. A girl crippled by rheumatoid arthritis was trained in telephone switchboard operating at Queen Elizabeth’s College, Leatherhead, and subsequently placed in employment with a Liverpool firm. A boy, handicapped by partial deafness, was admitted to the Aintree Government Training Centre for a course in capstan setting. A further two boys are at present awaiting admission to training courses.

“It is satisfactory to be able to report that another young person has been accepted by the local Remploi Factory, a girl handicapped by the after-effects of a brain tumour. There are still, however, a few young people on the register who require employment of a specially sheltered nature, including two handicapped by spastic paralysis and an educationally sub-normal boy who is just over three feet in height.”

Appendix A.

MINISTRY OF EDUCATION

MEDICAL INSPECTION AND TREATMENT RETURN FOR THE YEAR ENDED 31st DECEMBER, 1961

Number of pupils on registers of maintained primary and secondary
schools (including nursery and special schools) in January, 1962
as in Form 7, 7M and 11 Schools 130,936

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1957 and later	758	752	99·2	6	0·8
1956	3,972	3,948	99·4	24	0·6
1955	5,031	4,962	98·6	69	1·4
1954	490	486	99·1	4	0·9
1953	277	275	99·2	2	0·8
1952	8,686	8,594	98·9	92	1·1
1951	361	348	96·4	13	3·6
1950	7,229	7,141	98·8	88	1·2
1949	3,573	3,535	98·9	38	1·1
1948	126	120	95·2	6	4·8
1947	9,289	9,216	99·2	73	0·8
1946 and earlier	6,612	6,579	99·5	33	0·5
TOTAL ...	46,404	45,956	99·03	448	0·97

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.

(Excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1957 and later	4	118	110
1956	93	749	591
1955	122	889	824
1954	23	146	140
1953	31	145	117
1952	680	1,839	2,116
1951	41	228	185
1950	704	1,402	2,109
1949	361	625	975
1948	18	120	96
1947	1,321	1,444	2,297
1946 and earlier	705	753	1,280
TOTAL ...	4,103	8,458	10,840

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	...	21,545
Number of Re-inspections	... ..	37,662
TOTAL	... ..	59,207

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	... ..	466,600
(b) Total number of individual pupils found to be infested	.. ..	16,171
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	... ..	3,960
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	... ..	334

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.—PERIODIC INSPECTIONS.

Defect Code No. (1)	DEFECT OR DISEASE (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	TOTAL
		(3)	(4)	(5)	(6)
4	Skin (T)	51	145	163	359
		(O) 72	216	217	505
5	Eyes—				
	(a) Vision (T)	242	2,026	1,835	4,103
	(O)	394	828	1,157	2,379
	(b) Squint (T)	513	522	1,034	2,069
	(O)	110	145	214	469
	(c) Other (T)	22	30	40	92
	(O)	22	35	62	119
6	Ears—				
	(a) Hearing (T)	67	95	187	349
	(O)	76	133	234	443
	(b) Otitis Media ... (T)	86	106	105	297
	(O)	187	209	302	698
	(c) Other (T)	15	18	33	66
	(O)	37	34	77	148
7	Nose and Throat ... (T)	314	174	400	888
		(O) 603	451	954	2,008
8	Speech (T)	112	37	163	312
		(O) 213	75	225	513
9	Lymphatic Glands ... (T)	10	3	13	26
		(O) 115	89	178	382
10	Heart... .. (T)	37	42	62	141
		(O) 315	309	601	1,225
11	Lungs (T)	113	106	188	407
		(O) 206	318	500	1,024
12	Developmental—				
	(a) Hernia... .. (T)	15	5	15	35
	(O)	45	15	69	129
	(b) Other (T)	21	17	27	65
	(O)	43	93	108	244
13	Orthopaedic—				
	(a) Posture (T)	6	19	34	59
	(O)	12	78	68	158
	(b) Feet (T)	134	143	296	573
	(O)	175	253	308	736
	(c) Other (T)	128	111	145	384
	(O)	124	107	134	365

TABLE A.—PERIODIC INSPECTIONS.—continued.

Defect Code No. (1)	DEFECT OR DISEASE (2)				PERIODIC INSPECTIONS			
					Entrants	Leavers	Others	TOTAL
					(3)	(4)	(5)	(6)
14	Nervous System— (a) Epilepsy ... (T) (O) (b) Other ... (T) (O)				27	30	42	99
					11	19	28	58
					30	40	57	127
					27	94	120	241
15	Psychological— (a) Development ... (T) (O) (b) Stability ... (T) (O)				65	332	920	1,317
					71	223	411	705
					15	41	84	140
					80	108	170	358
16	Abdomen ... (T) (O)				68	61	148	277
					273	144	356	773
17	Other... (T) (O)				53	120	203	376
					229	303	641	1,173

TABLE B.—SPECIAL INSPECTIONS

Defect Code No. (1)	DEFECT OR DISEASE (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	2,622	51
5	Eyes—		
	(a) Vision	871	321
	(b) Squint	348	66
	(c) Other	1,522	25
6	Ears—		
	(a) Hearing	112	91
	(b) Otitis Media	58	67
	(c) Other	879	22
7	Nose and Throat	221	256
8	Speech	117	143
9	Lymphatic Glands	7	35
10	Heart	23	117
11	Lungs	68	136
12	Developmental—		
	(a) Hernia	2	19
	(b) Other	12	19
13	Orthopaedic—		
	(a) Posture	15	22
	(b) Feet	96	67
	(c) Other	84	37
14	Nervous System—		
	(a) Epilepsy	19	14
	(b) Other	31	50
15	Psychological—		
	(a) Development	524	254
	(b) Stability	68	74
16	Abdomen	24	26
17	Other	14,752	310

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	1,527
Errors of refraction (including squint)	8,128
TOTAL ...	9,655
Number of pupils for whom spectacles were prescribed ...	4,895

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received Operative Treatment—	
(a) for diseases of the ear	40
(b) for adenoids and chronic tonsillitis	175
(c) for other nose and throat conditions	47
Received other forms of treatment	990
TOTAL ...	1,252
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1961	39
(b) in previous years	217

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	1,618
(b) Pupils treated at school for postural defects	—
TOTAL ...	1,618

TABLE D.—DISEASES OF THE SKIN.
(Excluding uncleanness, for which see Table D of Part I.)

									Number of cases known to have been treated
Ringworm—									
(a)	Scalp	...	...	...	...	...	...	...	2
(b)	Body	...	...	...	...	...	...	...	9
Scabies		...	...	...	...	...	...	...	99
Impetigo		...	...	...	...	...	...	...	391
Other skin diseases		...	...	...	...	...	...	...	2,067
TOTAL									2,568

TABLE E.—CHILD GUIDANCE TREATMENT.

									Number of cases known to have been treated
Pupils treated at Child Guidance Clinics									778

TABLE F.—SPEECH THERAPY.

									Number of cases known to have been treated
Pupils treated by speech therapists									407

TABLE G.—OTHER TREATMENT GIVEN.

									Number of cases known to have been dealt with
(a)	Pupils with minor ailments								14,509
(b)	Pupils who received convalescent treatment under School Health Service arrangements								821
(c)	Pupils who received B.C.G. vaccination								7,790
(d)	Other than (a), (b) and (c) above.								
	Hearts	...	...	...	...	...	...	...	162
TOTAL (a)—(d)									23,282

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:—						
	(a)	At Periodic Inspections	...	...	72,339	} TOTAL (1)	...
	(b)	As Specials	...	...	2,937		
							75,276
(2)	Number found to require treatment						
(3)	Number offered treatment						
(4)	Number actually treated						
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(h)						
(6)	Half days devoted to:						
	(a)	Periodic (School) Inspection	...	...	555	} TOTAL (6)	...
	(b)	Treatment	...	...	3,680		
							4,235
(7)	Fillings:						
	(a)	Permanent Teeth	...	...	17,846	} TOTAL (7)	...
	(b)	Temporary Teeth	...	...	616		
							18,462
(8)	Number of Teeth filled:						
	(a)	Permanent Teeth	...	...	16,333	} TOTAL (8)	...
	(b)	Temporary Teeth	...	...	560		
							16,893
(9)	Extractions:						
	(a)	Permanent Teeth	...	...	5,822	} TOTAL (9)	...
	(b)	Temporary Teeth	...	...	12,537		
							18,359
(10)	Administration of general anaesthetics for extraction						
(11)	Orthodontics:						
	(a)	Cases commenced during the year	...	...	...	...	1,047
	(b)	Cases brought forward from previous year	...	...	...	...	287
	(c)	Cases completed during the year	...	...	...	...	299
	(d)	Cases discontinued during the year	...	...	...	...	40
	(e)	Pupils treated by means of appliances	...	...	...	...	700
	(f)	Removable appliances fitted	...	...	...	...	422
	(g)	Fixed appliances fitted	...	...	...	...	17
	(h)	Total attendances	...	...	...	...	3,608
(12)	Number of pupils supplied with artificial teeth						
(13)	Other operations:						
	(a)	Permanent teeth	...	...	2,401	} TOTAL (13)	...
	(b)	Temporary teeth	...	...	—
							2,401

Appendix B.

LIVERPOOL EDUCATION COMMITTEE.

LIST OF SCHOOL CLINICS SHOWING THE TREATMENT CARRIED OUT
INDICATED THUS—×

	Minor Ailments	Dental	Defective Vision	Ear, Nose and Throat	Orthopaedic	Paediatric	Speech	Child Guidance	Remedial Teaching
Balfour	×								
Belle Vale		×							
Burlington Street.....		×							
Carnegie, Arrad Street		×							×
St. Anne's School, Christian Street							×		×
Clifton Street, Garston	×	×	×	×	×		×		×
Croxteth		×							
Dingle House					×				
Dovecot		×	×	×			×		×
Everton Road	×	×	×	×	×				
Falkner Square (Child Guidance Centre)								×	×
Fazakerley		×							×
Harper Street	×		×						
High Park Street	×								
Mill Road (Everton)		×							
Norris Green	×	×	×	×			×	×	×
North Corporation	×		×	×					
Northumberland Street	×	×	×						
North Way		×							
Old Swan	×								
Speke	×	×							×
Sugnall Street	×	×		×		×			
15/17, Upper Parliament Street ...		×							
Walton		×	×		×		×		×
264, Westminster Road		×							
Westminster Road Congregational Church Hall	×								
TOTAL	12	17	8	6	4	1	5	2	9

